

Mentalisation based music therapy in the treatment of children and adolescents

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Not much has been written yet about the music therapy treatment of children and adolescents from the point of view of the mentalisation concept. Because of its high relevance not only for emotional self-control but also for the development of a theory of mind and empathy, music can however play an important role, as Karin Schumacher has just so vividly portrayed in her presentation.

I would like to talk here about mentalisation therapy using examples not only from current music therapy cases, but also with the aid of a selection of composed music. This means that today you will also hear some classical music.

Mentalisation based psychotherapy is not new in itself. Martin Dorne describes it as a "continuation of the psychoanalytic debates about symbolization" (quoted in Buchholz, p.3). Analysts noted that in cases of personality disorders, especially those of borderline personality disorder and narcissistic personality disorder, that trauma or deficits in the first relationship and bonding experiences had led to a lack of the language needed to feel internal emotional states, one's own and that of others, and therefore an inability to understand and describe these emotional states. This is not surprising when the person involved has not had a chance, during their early development stages, to form mental structures and representation models through the ability to create a verbal-symbolic self, which then leads to a definition of self and an awareness of themselves as separate entities. They noted that this in turn was because the internal emotional states were not being adequately mirrored. The importance of emotional self-control mirroring led to, together with developmental and neuroscience findings, a further development of the Theory of Mind.

Jon Allen and Peter Fonagy integrated psychodynamic therapy approaches, person-centered and psychologically motivated learning processes in their mentalisation supported therapy.

1 What is mentalisation?

Jon Allen has succinctly defined mentalisation as "having a mind in mind", and Jeremy Holmes says it is "To see ourselves from the outside, and others from the inside."

The mentalisation concept is therefore based on the ability to infer feelings and needs etc. in other people, to be aware of ourselves, and to be able to see ourselves in the eyes of others. Mentalisation allows us to anticipate and explain our own behaviour, and that of others. To do this, it is important to be able to infer and control emotions, and to be able to symbolise and verbalize current experiences. Mentalisation as a function is both *cognitive* and *metacognitive*, namely not only the ability to "infer mental states through behaviour, but also the ability to make the presumed mental states themselves the subject of (re) thinking" (Dornes 2004, 176), that is to say, to be able to think about their own behaviour and their own ideas about others.

If mentalisation is seen as a cognitive or metacognitive function, the importance of the *evaluation* should not be forgotten. Mirror neurons (or marked mirroring) say nothing about the assessment of mentalisation; a more importantly decisive factor is the *culturally* mediated and shared perspective of that which is mentalised. This means that we must ask ourselves how internal emotional states are classified and evaluated.

Mentalisation is the symbolic and verbal *translation of our life experiences*, or to put it more exactly, mentalisation shows *how* we have learnt to perceive, feel, think, desire, believe, hope, and negotiate, and how we deal with moral and ethic values. 90% of what we perceive sensually is complemented by culturally mediated perception and evaluation process.

If the parents or caregivers involved (and that can affect an entire cultural milieu) were unable to regulate their own emotions and empathise with a child, this inability may also be passed down through generations. Collective realities - and difficult situations in particular - are in this manner transferred *inter mentally*, because the ability to mentalise is created by shared attention and the sharing of perspectives that are mentally and neurologically incarnated as habits. In this manner, beliefs, rituals, norms, and traditions arise (see Petzold, 2008). I draw your attention to the various "cultures of breastfeeding" in the different time periods, or to the black pedagogy with their "law and order" parenting style, or the different Asian and German manners of dealing with feelings. It is therefore important that a therapist also concern themselves with the diversity of lived realities and internalized "truths" in our post-modern society.

I feel it is important to see mentalisation not only as a continuation of the debate regarding symbolization from a psychoanalytic point of view, but also from a social-psychological perspective. One must also consider the influence of the *Zeitgeist* on the

development of mentalisation, because if I want to empathize as a therapist of children and adolescents, I have to know their cultures, life contexts, and their view of a situation. In addition, I need to be able to assess whether these are compatible with my ideas. What would happen if a therapist were unable to empathize with the current emotional life experiences and beliefs of the Turkish, Arabic or Russian children and adolescents they treat, or the habits of children of educationally deprived Hartz IV recipients? A music therapist often sees the development of the ability to form relationships as a priority, without questioning the *how*, *why* and *what for*. And what sort of world do we have before us now?

We may now be freer than we were, but we are also often less connected to others, avoiding relationships and more selfish, and generally concerned with acting to our own advantage. Rainer Funk writes in the sense of Erich Fromm, "A globalized economy with its dissolution of all areas of life and perception has led to a new type of personality. Its most striking feature is the insistence on the I-oriented construction of reality. It is characterized by a significantly different I and We-Experience. This personality wants to be connected without being tied down." Funk goes on to ask, "How can life be successful if relationships are shallow, when feelings are hidden and manipulated? How can communication be possible if everything is allowed and anyone may write the rules, and if the happiness of the individual weighs more than what is acceptable for a communal life? How can a person find themselves and their productive orientation when they experience a technical strength which is far greater than their own?" (R. Funk).

Concepts that were acceptable yesterday are constantly being adapted to new developments. What benefits do we have from the current development paths in our society? Why do people shy away from commitment today, yet dream of being in a relationship?

People who were exposed in childhood to difficult living conditions and who have experienced little emotional help and comfort are forced to develop special powers to survive. When the feeling of belonging and security in the family, community and society is missing because marriages break up faster, because the orientation of role models and values is missing, because unemployment threatens, then a relationship becomes a liability, although, of course, one's availability remains. But the information flood, too great for anyone to be able to process yet at the same time not worth processing because it can be downloaded in a wink from the internet, all leads to an inability to distinguish what is important and what is correct. It is probably no coincidence that "no idea" is today the filler word in every second sentence. It is clear that people no longer know in which direction they should go, nor what they really want. And there is no one in our post-modern society who is capable of mirroring our fears, so that we may be able to face them. Empathy is lacking.

To have a Theory of Mind does not necessarily mean to have empathy. You can put yourself in the shoes of another and ask yourself what you would probably do and feel in the

same situation. However, that has nothing to do with empathy. What is really happening in the Other is not being mentalised, and it is not possible to know how the Other perceives you. Because this means feeling as the Other feels. Empathy is not being *infected* by the sadness of another person, because this too often leads to a desire to rescue in order to help one's self. There are therefore no solutions. I think that today we rely mainly on quite basic survival strategies. We share these with the animals, namely, we fight, flee or play dead:

Fighting is seen in the need to be successful, to exercise power, to walk over dead bodies and to harm others as a last resort.

Fleeing is observed in drug use, PC addiction, gambling addiction or ... emigration.

Playing dead is seen in passive reactions, for example, in becoming dependent on State aid and a refusal to contribute in any way.

These strategies for not questioning their own behaviour and beliefs have a reason. Such mentalisation deficits or blockages have a survival function. Street children, for example, often display surprising entrepreneurial and organizational skills in the formation of gangs. If they were more sensitive, with a genuine empathy for themselves and other people, they might not survive.

That which makes a person into a real *person* is the ability to *mentalise*, i.e. empathise with the feelings of others, to become involved, to feel responsible, and to think about themselves. No animal can do this. We are talking about the transformation of the emotional development of the soul and spirit. Therefore, it is important when providing therapeutic assistance to take into account life and survival strategies. Not, however, with the intention to "correct" the worldviews and perspectives of others, but to help *expand* perspectives through mentalisation. By extension, other corrections will then take place.

We know from newborn and attachment research that it is necessary that internal state *contingent marked mirroring* takes place in order that the feelings of a child and an adult may be internalised, and the child or the adult recognises both themselves and something else in addition within this process. If this does not happen, it has a negative effect on the mentalisation. It is therefore important to prepare music therapy through an emotional self-control of mentalisation processes.

Music

Before I go any further, I would like to demonstrate three examples of the therapeutic importance of *music* and how it may reflect and manipulate psychic States or moods. I also want to show you how quickly we evaluate a situation



You see a beach with footprints. What is the mood? You are able to empathize, and perhaps speculate about what has happened.

However, I will play the first bar of two pieces of music (Debussy, *Claire de Lune* and Grieg, *March of the Dwarves*), which will emotionally set the scene. It is irrelevant whether or not you enjoy the music, it will still affect your mentalisation.

Two scores for the same image, and already you interpret what you see quite differently. Perhaps the first piece meant a romantic beach scene? Or a kitschy scenario? And the second piece of music, did it feel mysterious? It can be seen that music plays an important role in evaluating situations. The moral is: music therapists, be careful about what your aims are when you use music therapies.

As already indicated, only 10% of what we infer from a picture (and this is also true for a person) actually lies in the image or in person. 90% is supplemented by the perception and evaluation processes (Kosslyn et al., 1995). In general, only 3% of our nerve endings are associated with neuro-anatomical sense organs. 97% of the connections lead to very different neurons (Spitzer 2002).

My second example will show where these 97% of the nerve endings take us. What story does Van Gogh's painting of boots tell us about what is not in the picture?



It is not the old boots which touch us, it is the *person who is missing*, that which is not there which tells us something. Here is another piece of music, (Satie, *Pieces froides 2*), chosen so that you may understand and perhaps share my musical resonance or transfer of the suspected history of the boots. Mentalisation means that your hippocampus is now searching for suitable scenes for these boots **and** searching for known emotional experiences with the quality of this music, and is constructing a coherent story, one that perhaps we could share.

My third example, this time language, not a picture, is included to show how language symbolizes. The shortest short history of the world, written by Ernest Hemingway, is composed of six words. You will hear the first bars of two songs (Grieg, *Aase's death*; Grieg, *Wiegenlied*). Mentalize please:

For sale:
Baby shoes
Never worn

The music from Grieg which I have selected, *Aase's death* suggests perhaps that the baby died without ever having worn the booties. Maybe in the womb, perhaps immediately after birth, because I feel sad and compassionate. However, perhaps Grieg's lullaby also says that it is alive, the booties did not fit, or the baby would not wear shoes, or was it a gift from the mother-in-law?

What does music have to do with mentalisation?

Music is limited in its value because it expresses no particular emotion, but it does express the shape or structure of emotional qualities, for example grief: slow tempo, possibly repeated notes. Music conveys properties or characteristics of complex content, which we naturally then combine with our personal feelings.

The music therapist has an important responsibility because they move with music on the border between empathy with the world of others and the therapist's own emotions and ideas. Therefore, it is important to understand one's own mentalisation habits, in order to avoid *correspondent inference distortion*. Correspondent inference - a term from the social psychology - occurs when personal characteristics are ascribed to behavioural evidence (or to an emotional state, I.F.-H.), even if the conclusion is not justified, because there are other possible causes for the behavior (Fincham and Hewstone, 2001, 229). This is why various subjectively selected music examples related to the same content can easily lead to distortions.

So how do we free ourselves of this predicament? What is important is that the music is seen in terms of a third joint attention focal point. This third factor becomes the subject of conversation about different perspectives and of evaluating experiences.

How is this possible? Many development steps must already have been processed if mentalisation is to be successful. Professor Schumacher has described this well in her presentation earlier. However, I would like to add a few words.

I have already mentioned our natural survival strategies. Mother Nature has arranged it so that, long before we develop mental skills, we "know" what to do to get what we need. Our genetic and biological background predefines us as beings who need relationships. Every new-born child "knows" what it needs to do to initiate lactation from a mother's breast or to be held in someone's arms. This is part of our natural being. The baby's cries, scent, and stimuli promote the involuntary production of hormones such as Prolactin in the mother, causing her milk to flow, and Oxitocin so that she will take care of the baby. The baby's survival depends on this process. In particular, Mother Nature ensures, through the

production of the so-called cuddle hormone **Oxytocin**, the development of feelings of closeness, security, and happiness. She knows why.

Perhaps you will be able to hear the quality of this bond in this music (first bars of Mozart, *Adagio and Rondo*). The music begins with the same chime sounds and is a very good example of the heavenly type of connection between the internal and the external.

Oxytocin - in depth psychology terms - transports us into the archetype of the *Great Mother*. This corresponds to an equivalence mode, where the internal and external are not separated. The external is still not a separate other, because it is perceived atmospherically as one with the archaic self. Atmosphere is "the common reality of the perceiver and the perceived" (Böhme, 1995, 34).

The baby is however completely dependent on it to feel comfortable, because it cannot defend itself against negative atmospheres and moods, because it has not experienced psycho-biological I-YOU limits. Representations for the sense of self, for a distinct self, have not yet developed, let alone the ability to symbolize (verbal-symbolic self). It takes a sensitive, empathetic mother (in adults an empathetic fellow human being) before the sense of belonging and a certainty in the existence of a self can be produced. This is the precondition for what makes us human, the participation in the life of others, leading ultimately to *participation* in a community.

This mode is normal so long as further development is not inhibited. If the difference between the internal and the external are not understood, because the mother is unable to mirror and mentalise the emotions of the child, perhaps because she instead burdens children with her own issues, then a pathological equivalence mode can develop, which will be transmitted to the external part of the child's own bodily experience.

The good becomes evil and the mother archetype is the devouring instance, the evil spirit which aims to destroy. Our own thoughts are "experienced as actual reality. The fear of a crocodile under the bed is just as frightening to the child as if one were actually there." (Fonagy, 2003)



Vincent van Gogh in his painting *Wheatfield with crows* has aptly painted this subjective menacing atmosphere, expressing the threats in his internal state as the flock of ravens flying above a wheat field in front of a darkening sky. This painting offers no internal nor external place of comfort. Let yourself experience similar feelings by listening to this music (first bars of *The talented Mr. Ripley* by Crazy Tom).

To enter the world of subjective relatedness, to experience the ideas, the symbols and language, we must learn that we are (also) separate beings and that we experience and feel differently. This is difficult to accept, especially when the Oxytocin phase has been poisoned by traumatic experiences or deficits. Some people cling to the illusion of a Great Mother who is yet to arrive. Many couple relationships fail because one part thinks that the partner must surely think and feel the same as oneself. In general, don't we actually prefer to assume that everyone should think and behave the way we think and behave ourselves? For parents, this is particularly difficult, because they must educate their children, and they think they know what the children feel and need!!! However, empathy means feeling what and how the other feels! To mentalise means to reflect this without overwhelming the Other with your own feelings.

The ability to adequately mirror cannot be expected from parents who themselves still desire the lap of the Great Mother, and who cannot evolve because their own emotions were not adequately mirrored. The consequences for the children are usually dramatic, because they become parentified and left alone with their feelings, and therefore fail to develop a representation for self-perception and a separate self. This makes it in turn impossible for them to symbolize their internal states and communicate.

An excess of stimulations or a traumatic experience through violence, death, separation, etc. mean it is then easy to develop a narrow structure levels with often disorganized attachment styles. The activation of the attachment system inhibits the mentalising because the traumatic bonding experience is retriggered. The burnt child stays away from a fire. They remain blocked, escape, disassociate, and remain silent. This emergency programme reflex from the brain stem is essential for survival, but not conducive for mental and spiritual development.

I find that the Edvard Munch picture *The Scream* demonstrates this very clearly.



A person at the moment of need is not able to separate between the internal and the external, that is to say, to see the external as something *other* to be experienced. The forms in the landscape correspond to the internal forms. The person cries, but I fantasise that no sound is emitted, because the crier is in a mentalisation block. Perhaps this music (Ades, *Asyla IV*) verbalises your feelings?

These short samples of music may have been able to show you how fear of the threatening "security" can be triggered, and why many therapy children reject an improvisation *together* with the music therapist.

The threatening situation as experienced through the music leads to an over-activity of the amygdala and inhibits the orbito-frontal activity (prefrontal cortex), and thus the mentalising process. No sufficiently reflexive, top-down regulation of emotions can take place.

The musical qualities of form and vitality emotions (i.e. increasing and decreasing) are experienced in the brain as first order representations perhaps on the level of a formation of the self, without, however, being processed cognitively.

A person capable of mentalisation has no problem experiencing the music on the lowest levels, and especially in experiencing it corporeally. They can also refer at any time, with the help of the hippocampus and the neo-cortex, to what is happening musically, imagining appropriate images and words. The patient with a mentalisation block cannot do this.

We have seen already in the film and heard how the therapist Schumacher, through contingent marked mirroring, regulates the experienced emotional excitations musically and vocal-verbally as second order representations at the level of the *core self with the self of regulating Other* (as Stern describes it).

This is the prerequisite to **then** being able to mentalise the experience at the level of verbal and narrative self by including the prefrontal cortex of the child. If we succeed in compensating for the underlying traumatic or deficit in bonding experiences in children with behavioural and emotional disorders through positive new experiences at the level of perception and emotional self-control, then mentalisation can also be more successful. The mentalising process must therefore contemporaneously allow emotional self-control.

There is an art to teaching the child about protection and security through music, to activating the oxytocin, so to speak, and to ensuring at the same time that the traumatic experience of the bonding issues is not re-triggered, so that the child does not project their endangered or the deficient inner world outwards, towards an identification with the therapist. No one wants to be experienced or fought against as a monster or needy person!

A mentalisation based improvisation should not sound like oxytocin to traumatized children (musical confluence/mix), which would encourage fears, but rather it should be an invitation to new shores, where protection and security must be ensured. It could sound perhaps symbolically like this: (First bars of Tchaikowski, *Nocturne*). Psychologically, the cello would be the child or youth in this music, making a hero's journey and experiencing his inner states, being supported and backed by the orchestra (the therapist).

That is why it is so important to work inter-attentionally, for example, to use it to illustrate a story.

The *as-if* mode

So far, I have spoken of the Janus head of the equivalence mode. I will come now to another mode which is normal and necessary in the process of developing a self-role, except in the case where one remains blocked in it. In the *as-if* mode, where the child can play without having to worry about whether or not the game is real (to shoot others or be killed themselves, for example). The child may thus represent its internal states in the context of a game.

The phase of the *as-if* mode leads to a realisation that thought and feeling *settings* are a reality and that reality is indeed influenced by their own thoughts, but that these do not match exactly as in the *equivalence mode* (Fonagy).

Traumatized children often remain in the *as-if* mode, in order to disassociate from the trauma. The 6 year old **Larissa** (name changed) was exposed to extremely negative experiences at a very early age from her violent Kurdish father and her unstable and alcoholic mother. At the age of 2, she was placed in a short-term foster family (!), where she stayed for 2 years (the placement could have been changed at any time), after which she was placed with another foster family, where she then remained. She therefore developed a correspondingly negatively influenced Theory of Mind. Her mental representations were dominated by fear of serious injury and the uncertainty of being able to rely on anyone. However, she was always very reasonable and always acted in an *as-if* mode with adult roles. This protected her from triggering the early traumatic attachment experiences. She therefore kept absolute control over what happened in music therapy.

For months we worked together as Doctors, curing the terrible wounds of the stuffed animals. Mentalisation interventions on my part were "You, little owl, you have been really hurt, how did it happen? Did it hurt a lot?" or "I know and you know for sure how much that hurts, but thankfully the little owl is now not alone, which is quite important when someone feels bad, that they are not alone and are comforted, don't you think so?" or "What does she need today? Have **you** any advice to give?" I showed her how to empathize with someone and to understand suffering, that I understood what she had experienced, through my work with the owl. We were interconnected because as Doctors we both helped the serious wounds to heal. This included a deeper understanding of the urgency of the situation, and Larissa understood the message that there was someone who was aware of the wounds, without forcing her to directly confront the violence and helplessness she suffered. In addition, **she** could make music for the baby dolls or little owl, which I was then allowed to hold.

Another example is the 10 year old Jörg, whose father killed himself when Jörg was 9 years old. Jörg's inner life was well characterized by *Pepel, the monster*. Pepel lived in the Jörgland, indiscriminately killing everything that wanted to penetrate Jörgland country and

threaten him. Pepel could not distinguish between friend or foe. He could only hit out wildly in all directions to protect the endangered self. We improvised a long story on two pianos about a Jürgen, who moved to different countries where he had to survive terrible times (a true hero's journey) and who finally came to Jörgland where Pepel lived. We were constantly in a verbal dialogue. Jörg as narrator was able to observe his internal part from the outside, and could join me in looking for ways to help Pepel.

Music: Pepel the beast

This extract shows Pepel's desperate fury, but also Jörg's ability, as narrator, to simultaneously mentalise the story in as-if mode. My questions were marked and contingent to the mentalisation:

"Poor Pepel, tell me, can he really not distinguish between friend and foe? My God, he must really feel badly. However, he does not have to be all alone. Can't you do anything for him? Do you have any ideas?"

And he had. Jürgen launched an attack on the evil in Pepel's head. He had to sleep another 6 years and then came home healthy, although he had just had to kill his sister there. However, that was nothing, compared to the suffering which had taken place before.

Opportunities for Mentalisation Based Music Therapy

Basically, the world of imagination, with its stories of fairy tales and myths (the voyages of a hero), is an excellent starting point for mentalising. The as-if mode allows a child to make new experiences, whereby the therapist-companion is able to mirror the experience of the child and support him/her on their way, and also provide advice. Today we know that the processing of internal images takes place in the same area of the brain as where our experiences in the external reality are processed. The therapist accompanies verbally with questions such as where are you now, what does it look like, what do you need, and what do you want to do? In this manner, the child lives through the music, and this is mirrored in the reaction of the therapist. In this way, old structures and perceptions may be overwritten with new feelings.

If it is difficult to begin imaging, a photo can be shown with supporting music, and an invitation made to take a trip together. For example, a boat ride down the Amazon to encounter the people in the water there. What is happening there, does he need to be rescued, or can you swim with him? In the background are the emotional experiences of the child with certain existentially important issues which can be mentalised through the telling and through the empathic questions and reflections of the therapist. It is a form of "musical thematic Apperception Test" (MTAT), because this work is also diagnostically of high relevance.

You can improvise and allow the child to tell a story or paint it, and then talk about it. Alternatively, you can illustrate stories musically. The Walt Disney film of Kipling's *Jungle Book* was helpful to Jörg. The following dialogue provided a good opportunity to mirror his mental state.

Therapist (here as Mowgli), Jörg (here as Baloo, the bear):

Th.: Why must I go and join the people? I do not know them! It is so nice here with you, Baloo! (My music is comforting)

J.: Look at yourself in the mirror, and then you will see that you are a human being! (Beat on the drum)

Th.: I do not care what I look like (impact on drum). I still feel like a bear! (Comforting music as before)

J.: But you have to! (Two beats on the drum). Er ... Well ...

Th.: If I go to the people, can I do as I want and be as free as I am here in the jungle? (Free, cheeky notes play up and down the xylophone)

J.: Yes, if you are laberlaache (i.e. play dead) (passes hand over the drum)

Th.: Will I be allowed to think what I want?

J.: Yes, at night.

Th.: Can I cuddle my head against someone, like now with you on your soft fur (I cuddle briefly with him and say "mmm")

J.: Yes, if they have fur (playing with his stuffed animal)

Th.: So, Baloo, I don't think that is so wonderful, if I have to do everything in secret and not when I want to. Isn't there also something good there? (Cheerful little motif in variations on the xylophone)

J.: You can buy candy (plays xylophone), and books and stories, because have you ever had anything like them in the jungle?

Th.: That is true, that sounds tempting. But will there be friends for me there?

J.: Yes, if you are nice ...

Th.: And will the people there like me? Because that is incredibly important for me. If I knew they would, then perhaps I could leave you and go to the humans.

J.: Yes (he looks at me lovingly).

The "wrong" gender roles with me as Mowgli and Jörg as protective bear was intended to mirror him in his needs and make him aware that he is capable of giving himself advice as good (or as bad) as Baloo gives Mowgli.

Skills

What skills does the music therapist need in order to be able to base their work in mentalisation? Here, in closing, are a few pointers:

In a mentalisation based **music therapy**, the music therapist should always take a not knowing stance. The therapist asks questions and invites the patient to take different perspectives and points out the significance of the relative perspectives. Since there is a high risk of insufficiently marked mirroring, and thus a paralysis of the mentalisation process, it is important that the therapist understands their own bonding history and how their own ability to mentalise was developed. Where a therapist is easily offended by a patient's behaviour, for example, when the therapist's ideas are rejected or they are identified in projection as an enemy, the therapist will quickly abandon their role, and then perhaps reprimand the patient, immediately blocking the mentalisation process. Basically, as a therapist, you must remain emotionally calm, relaxed and a little wise.

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