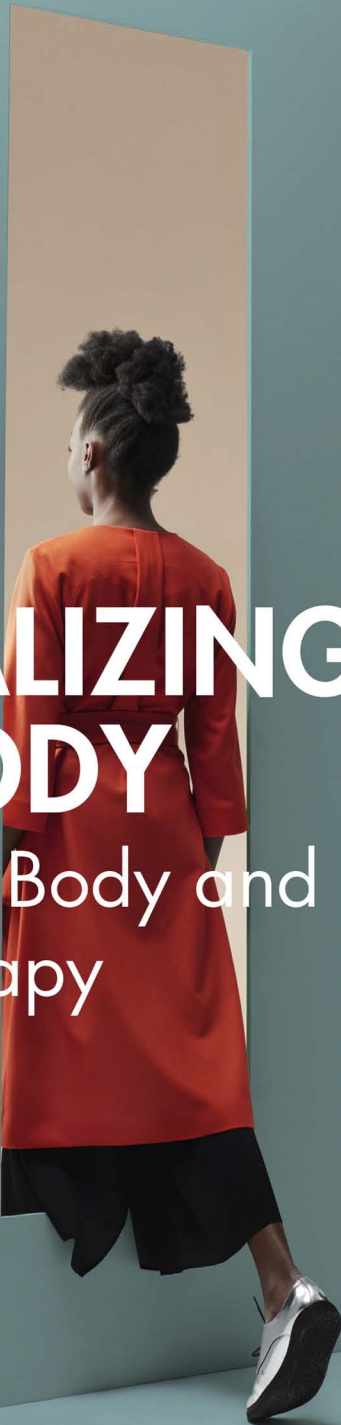


ULRICH SCHULTZ-VENRATH

MENTALIZING THE BODY

Integrating Body and Mind in
Psychotherapy



ROUTLEDGE



Mentalizing the Body

Mentalizing the Body brings together theory and practice with the latest neurobiological and developmental psychological findings to understand the relevance of the body in a wide range of mental disorders, especially personality and somatization disorders.

Ulrich Schultz-Venrath provides insight on individual bodily phenomena within psychotherapeutic treatments – experienced by patients as well as therapists – and focuses on the importance of the intentionality of bodily symptoms and how they can be integrated in the talking cure. *Mentalizing the Body* expands the work of Anthony Bateman and Peter Fonagy, adding the “body mode” in contrast to the popular concept of “embodied mentalizing.” Promoting mentalizing in psychotherapy while taking the body into account helps not only patients with somatoform and eating disorders, but also those whose psychological complaints have a missing connection to the body. Schultz-Venrath provides detailed insight on the range of therapies and treatments available, from individual and group psychotherapies to body, art, and music therapy, with clinical case studies and diagrams throughout.

Mentalizing the Body will be of great interest to practitioners and researchers – from psychoanalysts and psychotherapists to psychiatrists and psychologists seeking to understand the mentalization model, and all healthcare professionals working with severe mental disorders.

Ulrich Schultz-Venrath, MD is Professor of Psychosomatic Medicine and Psychotherapy at the Faculty of Health, University of Witten/Herdecke. He is a neurologist (DGN), psychoanalyst (DPV, IPA), and training group analyst (D3G, EFPP, GASI), chair of the Institute of Group Analysis and Mentalizing in Groups (IGAM), and working in private practice in Cologne, Germany.



Taylor & Francis

Taylor & Francis Group

<http://taylorandfrancis.com>

Mentalizing the Body

Integrating Body and Mind
in Psychotherapy

Ulrich Schultz-Venrath

Designed cover image: Getty | Klaus Vedfelt

First published in English 2024

by Routledge

4 Park Square, Milton Park, Abingdon, Oxon OX14 4RN

and by Routledge

605 Third Avenue, New York, NY 10158

Routledge is an imprint of the Taylor & Francis Group, an informa business

© 2024 Ulrich Schultz-Venrath

The right of Ulrich Schultz-Venrath to be identified as author of this work has been asserted in accordance with sections 77 and 78 of the Copyright, Designs and Patents Act 1988.

All rights reserved. No part of this book may be reprinted or reproduced or utilised in any form or by any electronic, mechanical, or other means, now known or hereafter invented, including photocopying and recording, or in any information storage or retrieval system, without permission in writing from the publishers.

Trademark notice: Product or corporate names may be trademarks or registered trademarks, and are used only for identification and explanation without intent to infringe.

© 2021 Klett-Cotta – J.G. Cotta'sche Buchhandlung Nachfolger GmbH, Stuttgart

British Library Cataloguing-in-Publication Data

A catalogue record for this book is available from the British Library

ISBN: 978-1-032-38459-7 (hbk)

ISBN: 978-1-032-38486-3 (pbk)

ISBN: 978-1-003-34514-5 (ebk)

DOI: 10.4324/9781003345145

Typeset in Gill Sans Nova

by Apex CoVantage, LLC

Contents

<i>Acknowledgments</i>	vii
1 Introduction to a Complex Theme	1
1.1 <i>Affects, Brain, and Body: The Development of An Affective Self</i>	8
1.2 <i>Attachment and the Development of a Mentalizing Self</i>	21
1.3 <i>On the Beginnings of the Mentalization Model</i>	29
1.4 <i>The Role of the Body in the Mentalization Model</i>	40
1.5 <i>Personality Disorders Without a Body?</i>	45
2 The Body and Its Relationship With Physicians and Psychotherapists	49
2.1 <i>Mentalizing in the Medical History, the Initial Interview, and the First Contact</i>	56
2.2 <i>The Disappearing Body in Online Video Therapies</i>	70
3 The Discovery of the Body in Early Psychosomatics	74
3.1 <i>Trauma as a Transdiagnostic Affect-Regulation Disorder</i>	82
3.2 <i>The Paris School of Psychosomatics – The Pioneer of the Mentalization Model</i>	87
3.3 <i>Alexithymia and/or Autism Spectrum Disorder (ASD)?</i>	90
3.4 <i>The Diagnostic Dilemma</i>	95
3.5 <i>Body-Mode as a Mass Phenomenon</i>	102

4	Bodily or Mental States? On the Development of a Mentalizing Self	105
4.1	<i>Intersubjective Developmental Conditions for a Body-Self</i>	113
4.2	<i>Body-Mode or Embodied Mentalizing?</i>	117
4.3	<i>When the Psychotherapist's Body "Goes on Strike" or "Speaks"</i>	123
4.4	<i>Dimensions of Mentalizing in Somatoform Stress Disorders</i>	126
5	Somatizing or Mentalizing?	129
5.1	<i>Pre-mentalizing Modes</i>	130
6	Mentalization Enhancement Therapy	143
6.1	<i>Mentalization in Patients with Somatoform Disorders/ Somatic Symptom Disorders (SSD)</i>	144
6.2	<i>Interactions That Do Not Promote Mentalization</i>	155
6.3	<i>Mentalizing in Group Therapies for SSD Patients</i>	156
6.4	<i>How Do Psychotherapists Learn to Mentalize?</i>	162
	<i>References</i>	165
	<i>Index</i>	196

Acknowledgments

A book such as this one has many “mothers,” many “fathers,” many “grandparents,” and indeed many “children.” I could not have written this volume without the many educational and insightful encounters I had with my patients. Nor would it have been possible without the many teachers and mentors I had the pleasure of working under during my time in the Neurology Department of the Free University of Berlin, and without the wonderful colleagues and students I met at the University of Witten/Herdecke. I took particular pleasure in participating in the first Research Summer School Training in 1995 at the University College of London, at the invitation of Peter Fonagy; other participants included Horst Kächele, Erhard Mergenthaler, Folkert Beenen, and Bob Emde, who kindled a fire of interest in more than 400 young psychoanalysts that psychoanalysis can indeed be connected to empirical research. I am especially thankful to Peter Fonagy and Wilma Bucci, the latter of whom mentored my research project at the time about magical thinking, for the many suggestions they sent my way as clinicians.

Every individual is equally part of a learning “organization.” As Head Physician of the Clinic of Psychiatry, Psychotherapy, and Psychosomatics at the EVK Bergisch Gladbach, I profited immensely from working with my Senior Physicians Zeynep Atik, Max Aly, Ingmar Niecke, and Gernot Holtz; with the social therapists Beatrix Rey und Ansgar Cordes; and particularly with my concentrative movement (KBT), dance, and breath therapists Ute Oessenich-Lücke, Astrid Fiedler, Regina Hömberg, and Claudia Krüger. I obtained special insights into process and outcome research through working with my research team of Tanja Brand, Dagmar Hecke, Sarah Fuhrländer, Annekatrin Vetter, and Johannes Pries. I am particularly grateful to my long-standing editor, advisor, and supporter of the German series “Mentalisieren in Klinik und Praxis,” Heinz Beyer, as well as Oliver Eller, who edited this and other volumes before it.

A special word of thanks to the many critical readers of this manuscript: Peter Döring, Peter Rottländer, Eva Heinle-Schneider, Maria Teresa Diez Grieser, Helga Felsberger, Daniela Fuchs, Ludger M. Hermanns, Edna Baumblatt-Hermanns, and Rolf Haubl. My wife, Dorothee, a concentrative movement therapist (KBT),

and my daughters Lenka, Tabea, and Laetitia have, each in their own special way, helped and supported this venture with humor and critical understanding. In an almost literal sense, they had my back in the sense of a *body-mode*.

Last but not least, I would like to thank Joseph Smith very much for the thorough translation of the revised and expanded German version.

Introduction to a Complex Theme

Nothing is so familiar and simultaneously so unfamiliar as our own body. This is true especially when we lose control over our body and have yet to regain that lost control: Our body speaks to us. You can love your body, hate it, be ashamed of it, be proud of it, nurture it, damage it, abuse it – like an object. The body is where our affects dwell and emerge from; where our basal needs, instincts, and desires are localized; it’s the resonance chamber of our selves, our “we,” and of all the groups we feel attached to or excluded from. Without our body, with all its affects and emotions, there would be no split-off feeling, no intersubjective life, no communicative exchange – indeed no thoughts at all. Yet the body was not always seen that way apart from a few exceptions.

The Indo-Germanic languages possess several different expressions that refer particularly to somatic experiences, or sometimes to individual organs, to idiomatically describe our emotions, psychosocial phenomena, and strains. For example, “turn a blind eye,” “with a heavy heart,” “bundle of nerves,” “hole in my gut,” “gets under my skin,” “pain in the neck,” “dagger to the heart.” Most of these expressions refer to sensual experiences we have all had in life: To “sense” comes from the Latin *sensus*, meaning “sensation, feeling” but also “understanding.” A “feeling” is also something we actively do, by directing our attention to our inner workings (Fiedler et al., 2011). To “perceive” something means to “thoroughly grasp,” a complex sensual event of transforming what we “sense” into a physical expression. If you listen carefully to what someone is telling you, you will notice a mixture of body language and spoken language, whereby the words stand in for physical processes as well as emotional impulses. We humans can feel and be felt both physically and emotionally – even if it is not always completely clear how that occurs (e.g., “I was touched by your story . . .,” “It really moved me to hear . . .,” “It just gets under my skin when . . .”).

If you look at all the words humans use to describe how they “feel,” you notice a certain lack of precision: It often remains unclear whether we are dealing with sensual-physical perceptions, with feelings (emotions, affects), with thoughts (projections, wishes), or with behavioral impulses. How the words necessary to describe our subjective bodily perceptions came to be remains one of the mysteries we address later in more detail. Ideally, a patient and their therapist possess

a rather well-differentiated vocabulary to characterize such subjective perceptions, affects, and emotions. Using language can help to differentiate our subjective sensations, yet the act of speaking must necessarily consider the “preverbal” state that precedes every word spoken. “The preverbal is called a ‘pre,’ a ‘not-yet,’ a ‘not-whole’ of a signifying process that concludes itself in the word culminative” (Leikert, 2019b, p. 34). Psychotherapists would be well advised to use their own vocabulary to express subtle differences and to attend to and apply these terms critically in therapy, particularly when dealing with emotional and preverbal states. For that is where mentalizing begins and wherever more complex terms and ideas about emotional and physical phenomena are “created” (Plassmann, 2019b, p. 6).

The term “mentalizing” is considered the ability to understand oneself and others regarding inner mental states closely connected to bodily perceptions. Bodily perceptions are situational, intersubjective, and dependent on the person in question; they consist of proprioception, exteroception, and interoception. *Proprioception* describes the perception of one’s own location and movement in space, based on the stimuli emerging from our inner body and neuromuscular spindles. *Exteroception* (from the Latin *exter* “outward” + *recipere* “to assume”) describes external perception, such as what the exterior surface of our body perceives (“haptic perception”). *Interoception* is the perception we have of our own bodily organs.

Fonagy (1991) was the first to define the human ability to perceive both conscious and unconscious mental states in oneself and others – the ability to mentalize. Later, mentalizing came to mean a more or less preconscious, imaginative ability to intentionally exchange so-called terms of mental states (thoughts, feelings, convictions, desires). Only then does the individual truly understand, both implicitly and explicitly, their own actions and those of others as meaningful. The riddle of how exactly the mentalizing of bodily perceptions proceeds, ending in the development of an “embodied” self that can feel and speak “mentalized,” is presently not completely understood. Two very opposite models – the simulation theory and the theory-theory – presently dominate the scene: The former assumes that humans can simulate the experiences of other human beings; that they use mirror neurons and common sensory-affective circuitry and shared feelings to develop such an understanding of others (Gallese & Caruana, 2016). The latter has more physical leanings and assumes that we human beings cognitively derive “rules” by observing the social structures around us and use them to construct theoretical convictions and purposes (Baron-Cohen et al., 1985).

Even if it is now accepted that a certain level of mentalizing precedes the development of language, we still don’t know whether the way a mother or a father comes to understand the inner workings of their child – how they turn that into a physical experience and communicate it “prelinguistically . . . long before the appearance of the first word” (Bateman & Fonagy, 2019, p. 7) – is a truly “embodied” form of mentalizing.

Historically speaking, the English term “mentalization” was originally mentioned in connection with physical processes. In 1888, the neurologist James

Leonard Corning introduced the term “mentalization” in a paper he wrote on headache and neuralgia, quoting a certain Hammond who had carried out a series of precise urine analyses to discover the composition of urine under “increased mentalization.” He reported that an increase in mental effort increased the amount of urine secreted (Corning, 1888 [2018], p. 196). It further surprises that the British dermatologist, psychiatrist, psychoanalyst, and group therapist Dennis Geoffrey Brown (1928–2004), used the term mentalization as early as 1985 – and thus long before the appearance of the mentalization model – in a contribution titled “The Psychosoma and the Group”:

The *meaning* of physical symptoms and expressions needs to be discovered, and at the most primitive (“true” psychosomatic, or protomenta) level *created*, for mentalisation to bypass, reverse, or better still, grow out of somatization. As I say sometimes to patients, we need to grow *down* as well as up. This calls for *trust on both sides*, that anxiety, pain, helplessness and rage can be tolerated. Whether in group or individual therapy, we must be able to facilitate communication at deeper, primitive levels, and ultimately translate them into words. We have to dare to go to levels where it is hot, as Foulkes put it.

(Brown, 1985, 2006b, p. 21)

Affects and emotions play a major role in all mental and psychosomatic disorders. The complaints of patients with so-called somatic symptom disorders or somatization disorders are multifaceted and difficult to decipher. The history of psychosomatics is full of somatoform disorders that have stumped both physicians and psychotherapists. The reason may lie in the fact that symptoms revealed through body language are hard to address using only differential linguistic methods. Yet, this loss of differentiation may sometimes also be traced back to the physicians themselves, who employ wild descriptions to diagnose the broad family of anxiety disorders instead of following sound scientific procedures. They are witness to the breakdown of the intersubjective exchange at a moment when the patient and the therapist should have been busy finding a “new” common language – which is necessary if they are to use their common (!) understanding to enact change, namely, a transformation of the symptoms. Numerous case studies reveal how physicians and psychotherapists, as part of the therapeutic relationship, use empathy, vigilance, challenging interactions, and conscious restraint to influence the course of the disorder – for better or for worse.

Affects and emotions are not only expressed physically but are themselves physiological expressions: Every emotion is accompanied by a physiological change; for example, fear is paired with palpitation, anger with an increased heart rate and blood pressure. Phenomena of this nature have been known since the work of Franz Alexander, one of the earliest pioneers of psychosomatic medicine, and belong to normal human life (Alexander, 1948). They only become disorders when there are too many or too few affects and emotions over a longer time; when they assume

a certain dominance or rigidity in the life of the patient, what we now call emotional dysregulation. This is true especially for the negative affects, which presumably stem from our evolutionary survival instincts and have embedded themselves deeply in our memory. Happiness is nice to have, but it contributes precious little to extending our life, much unlike fear and disgust, two affects that warn us of imminent dangers. The confrontation with persistent and “difficult” affects is one of the central challenges to any therapist (Plassmann, 2019a).

This volume was originally titled “Mentalizing Somatic Symptom Disorders.” However, while writing I realized that the diagnosis of a somatic symptom disorder is as broad a term as the Grand Canyon. Furthermore, many mental disorders sometimes occur “only” with temporary, more often though with long-term, transdiagnostic somatic symptoms. Medical histories are much like literature genres: Some are short stories, some are long novels. Thus, we can categorize psychosomatic disorders as those with clearly metaphoric/symbolic meaning and those in which cumulative stress has led to a truly functional disorder. Hence, the body is simultaneously the source and the projection screen for all sorts of mentalization disorders – even for organic diseases such as Parkinson’s, myasthenia, multiple sclerosis, radicular compression syndrome, and many other syndromes, in which, because of certain transference events, the symptoms suddenly improve or disappear (Kütemeyer & Schultz-Venrath, 1997).

This book feeds off the over 40-year experience gathered with psychosomatic medicine, which began with a group of inquisitive and creative physicians at the Neurological Clinic of the Free University of Berlin, all of whom were devoted to the bio-psycho-social model of the Heidelberg School of Neurology. My own mentor, Dieter Janz, a master at gathering a medical history who amazed and “infected” his students with his methods, was also the Editor of the Collected Works of his mentor, Viktor von Weizsäcker. The latter once said, “We begin not with knowledge but with a question” (von Weizsäcker, 1926). This paved my way much later to the mentalization model of Peter Fonagy and Anthony Bateman. Connecting diagnostic and therapeutic competence with state-of-the-art research results that today are blooming in the mentalization model as a work in progress – that is what this book is about.

Whereas the bio-psycho-social model of psychosomatics presently represents the most comprehensive model of disease with a polypragmatic treatment concept in the absence of an evaluation (Egle et al., 2020), the mentalization model was born out of the lack of effective psychotherapeutic methods to deal with borderline personality disorders (Bateman & Fonagy, 2008). In the meantime, modifications of the MBT concept have been successfully applied to many different mental and psychosomatic disorders. Yet, a true scientific exchange with the bio-psycho-social model and the integration of the two remain elusive and await resolution.

For psychosomatics and even more so for psychiatry in general, the mentalization model represents a future-oriented project that serves to integrate the various disciplines of the neurosciences, cognitive psychology, and the more modern approaches to psychoanalysis under the aegis of treatment. We need both a better

understanding and a common and increasingly differentiated vocabulary if we want to understand the complex processes of retreating into the body or persevering in the body. Mentalizing is the magical word, an important code word, since it consists of the ability to properly attribute inner states (feelings, thoughts, intentions, motives) to the behavior of both oneself and others.

Some have tried to differentiate between emotional and cognitive mentalization, whereby the former deals with the body and its sensations, the latter with a form of mentalization oriented toward the cognitive, meaning it can recognize the inner states of others quite well but fails to feel them. We often meet with such phenomena in patients with somatic symptom disorders, depersonalization, borderline, and antisocial personality disorders. Mentalizing as a process (and not mentalization as a noun) has found its way into other psychotherapies and proved to be effective, even when most protagonists of the various techniques didn't plan it that way.

The adage of Edward Weiss from 1947, namely, that psychosomatics does not mean doing less research on the body but rather more research on the psyche, was long the gold standard of the psychosomatics scientific community. Not a few of the exponents of psychosomatic medicine adhered to this postulate and forgot about the body – despite their pretense. More unconsciously than consciously they hitched their wagon to Freud, who was a lifelong skeptic about – if not a declared opponent to – psychoanalytical psychosomatics (Schultz-Venrath, 1995). Once psychosomatic medicine became an established subject, psychosomatic relations were increasingly “psychologized” in psychometric tests, thus becoming less somatic and less clinically relevant. It was easier to gain a medical understanding by emphasizing the “soma” as a biological entity, losing in the process any understanding of the libidinal-erotic, aggressive, or narcissistic body.

When dealing with the body, in addition to a secure attachment, the development of the regulation of affects and emotions plays a central role in the development of one's (physical) self – and survival. A child is not a tabula rasa; rather, like all living beings, it is born with a series of congenital and protomental needs. Today, we like to think that a newborn enters the world with a bundle of intrauterine experiences that have ingrained themselves in their procedural memory as a sort of implicit relationship knowledge and define their postnatal life. The ability of a newborn to differentiate the smell and voice of their mother from that of others (DeCasper & Fifer, 1980), to imitate facial expressions and gestures (Meltzoff & Moore, 1977), and to be soothed by music heard in the womb are all essential proof of prenatal and perinatal learning and relationship processes.

Freud's notion of the three psychosexual developmental steps – “oral,” “anal,” and “genital” – refers to the dominance of somatic needs in early childhood which serve to organize mental structures. However, in the meantime, the very somatic nature of these terms, which mark the phases of libido, has been lost because of their largely metapsychological application. Modern analytical developmental psychology no longer remembers that the successive nature of Freud's model of

erogenous zones served as a model for structuring *affective* bodily experiences. We see in this in a pretty little story Szekely tells (1962, p. 301):

A child not quite 2 years old is looking out of the window. Outside it is snowing, and a bird is hopping about on the window-sill picking up breadcrumbs. The child watches all this with interest. Suddenly the bird drops something. The child goes over and sees a white speck in the snow. “Birdie do big,” calls out the child. There is nothing very remarkable in this. But the question arises: How does the child discover or know what the bird has done?

He wonders how the child knows that the bird has defecated.

The product, the bird’s faeces, resemble snow, since it is white, and not the child’s own product, which is brown. Moreover, the child has never seen the act of defecation, and consequently has no visual memory-trace to draw upon. He has only somatic and coenesthetic memory-traces of defecation, for the child has experienced it only as a pleasurable bodily process in himself, and not as a visual event. How, then, did he identify what he saw?

Of course, the analytical observer immediately understands the anal reference as how the child cognitively views the world, although we are in fact dealing with a body–mind organization (cf. Chapter 4).

Similarly, the concept of drives “as a term denoting the border between the mental and the somatic” (Freud, 1915c, p. 214) fails to acknowledge how the body serves as a basis for mental functions in psychoanalysis. Basic emotions are based on instinctive behaviors, which in turn may be traced back to innate action impulses (such as the newborn’s search for the mother’s nipple). These impulses are employed to fulfill the respective specific needs (such as searching, fleeing, attacking), yet to this day there is no broad agreement about the type and number of such innate needs.

The unloved, hated, pained body of the patient often plays a greater role in the physical countertransference during psychotherapy than the therapist would like to admit, for example, when it “brings tears to my eyes” or “makes me choke up.” *How* the therapist listens to the body and its stories (in this we largely follow Alessandra Lemma (2014)) is highly influenced by their own subjectivity, that is, their own generally tabooed experiences with their body, its affects, and emotions as well as the theoretical and technical conclusions and assumptions derived from those experiences. Presumably, that also determines what theory they adhere to as part of their training and how they apply the interventions it foresees. Whether candidates and training analysts truly delve into their own somatic sensations as part of the training analysis and training therapy is at the least questionable in light of the mutual tabooed nature of the matter. This may also be seen in the difficulty of doing research into the supervision of psychotherapeutic training candidates (Grünwald-Zemisch, 2019).

In addition to the continuing separation of body and soul in psychoanalysis (and the methods derived from it), in recent years we have observed a revival of interest

in somatic events: The body is being “rediscovered,” especially because of the recent profound neuroscientific findings. This is reflected in a series of publications concerning the body that suggest the need for greater inquiry into the embodied olfactory, visual, auditory, and haptic resources. Bodily resonance refers to both how interoceptive signals are experienced as well as to the interaction with the therapist. Mimicry, gestures, postures, prosody, and respiratory motion are all decisive in how the other person is emotionally perceived. Perception and affective assessment have a corporeal component and influence one’s counterpart in a sort of circular flow of reciprocal impact, culminating in a mutual physical resonance.

It’s worthwhile here to take a more exact philosophical approach: “Resonance” is not just a metaphor for a certain experience of an emotional state; it is also a type of relationship determined by four components: touch (affection – where the affects are active), self-efficacy (feedback), adaptation (transformation), and unavailability (since one cannot willfully establish resonance) (Rosa, 2019, p. 38f.). “A smile on the face of a loved one *may* turn hard and icy, the purring of the cat *may* cease, one’s favorite music *may* leave us unmoved, the forest or the ocean *may* deny us any resonance” (Rosa, 2016, p. 295).

From the perspective of the mentalization model, it seems wise for the patient and the therapist to search together for the kind of feeling and meaning of a physical symptom that – inasmuch as it existed at all previously – may go missing along with the resonance. Paying proper, meaningful tribute to a symptom that does not pit the body against language fosters an otherwise sometimes marginal treatment motivation and strengthens the working alliance. This occurs when the therapist, through acceptance and encouragement, directs attention to the symptom. Everyone knows that there’s nothing more hurtful – and sometimes more healing – than the spoken word. On the one hand, there is no contradiction between speaking and body (Buchholz, 2014, p. 113). Bodily presence emerges in language, or better said: in speaking and in conversation accompanied by gestures and mimicry. On the other hand, the body constantly sends out messages (e.g., about early traumas) that those affected cannot express themselves in any other way. The SARS-CoV-2 pandemic with its many lockdown-induced online therapy sessions made clear to psychotherapists that video meetings fracture the line between body and speech, ultimately leading to disembodiment (Weinberg & Rolnik, 2020) – while also demonstrating how important physical presence is if therapeutic intervention is to be successful. The psychoanalytic community still fails to reflect that the couch setting is essentially a kind of disembodiment that is primarily focused on listening and associative and imaginative activity. Or as Fonagy (2022, p. 208) says,

the potentially uncomfortable implication for psychoanalysis of this idea [of MBT, USV] is that the aim of therapy is not deepening specific understandings, but rather the capacity for understanding, almost regardless of the specific unconscious conflicts which may bring a patient into treatment. In other words, the “medium is the message.”

1.1 Affects, Brain, and Body: The Development of An Affective Self

This chapter explores the significance of touch and physical interactions in human development and well-being. It emphasizes the importance of early attachment experiences through touch and sweet sounds, highlighting how newborns rely on physical contact to regulate various bodily functions. It explores various aspects of touch, ranging from early attachment experiences to cultural practices, and emphasizes the interplay between the body and the mind in shaping our experiences and perceptions, developing an affective self.

The initial interactions one has with other human beings occur while still in the womb, and at the latest upon birth, (ideally) through loving touch and sweet sounds. A newborn is rhythmically and melodically caressed and cuddled by its primary caregiver(s), generally the parents, and in recent decades this knowledge has been able to transform even the most sterile forms of obstetrics (Böhme, 2019). Touch is so essential because the newborn can barely see beyond the first 30 cm. Immediately after being born, the newborn stabilizes its breathing, body temperature, pH balance, and even its blood-sugar level exclusively through skin contact (Winberg, 2005). Further, touch during breastfeeding triggers the excretion of oxytocin, a well-known attachment hormone. But mothers, too, profit from the early contact with their babies, which in turn allows them to breastfeed better and longer.

Touch is important throughout life. If a child falls and skins their knee, the parents take the child in their arms, quickly look after the wound, and rub the bruise. If a friend is in mourning, we tend to take their hand, put an arm around their shoulder, or hug them. If we like someone, we want to touch them. Touch between and among humans thus plays a special role: It is not just a tactile affair but is an event controlled by special nerves, the so-called c-fibers, which pass the feeling on to the insula of the brain. Becoming aware of touch takes place not just in the somatosensory cortex, but also in parts of the prefrontal cortex and the posterior parietal lobe, which we now know is the seat of awareness and body perception. Thus, the brain network responsible for the perception of tactile sensations is much more complex than previously thought (Rullmann et al., 2019). In the meantime, Elias and co-workers (2023) found the relevance of special touch neurons, which are required for sexual receptivity and sufficient to induce dopamine release in the brain. Switching off these neurons caused female mice to reject males with whom they would normally have tried to mate. Their findings establish a special skin-to-brain circuit encoding the rewarding quality of social touch.

How a child develops as a subject greatly depends on the quality of the physical interactions they have with their caretaker(s). As adults, children who have been humiliated, beaten, or sexually abused suffer more from major mental disorders

or developmental retardation than do their contemporaries who were spared such experiences in their younger years. This leads to the question of what the basic reasons are for such vulnerability and whether they are connected to a modified perception of touch. Tactile sensations influence brain development, provide a sense of one's own body, and serve as well to regulate stress. Put differently, do experiences of violence in early childhood lead to a permanent shift in how social stimuli are perceived and interpreted?

During the recent Covid-19 pandemic, one could observe the effects of social and physical distancing: The desire for intimate contact became ever greater the longer the necessity for social distancing lasted. The problem is not the total amount of supportive touching people remember having experienced during childhood, but rather the individual differences in the type of attachment style they experience: "the more anxiously attached a person is, the more touch was craved during COVID-19 and the more avoidantly attached a person is, the less they craved for touch in this period."¹

Independent of such occurrences, our Western culture has developed a touching (sub)culture, perhaps as an answer to an ever more digitalized, disembodied world. Proof thereof may be found in the many yoga studios, massage parlors, tantra centers, cuddle parties, and animal-based psychotherapies that have blossomed.

Up to the 20th century, affectionate touch was considered part of the so-called common feeling (*sensus communis*), a familiar part of both the psychological and physiological vocabulary, comprising all sensual perceptions that have their origin within the organism and are not part of the usual five senses. Today, this term has been replaced by more specialized terms such as body scheme, body image, and body self (Fuchs, 1995). Whereas *body scheme* refers to the constitution of the body, *body image* has more to do with the role of the intersubjective context in which the body develops. Body image consists of a "system of perceptions, attitudes and beliefs relating to one's own body" (Gallagher, 2005, p. 24). The mentalization model can make an important contribution to our understanding of the developmental factors and fantasies that accompany the inner representation of the body (= body image) (Lemma, 2014, p. 5), which is distinguished from the innate body schema. If resonance and reciprocity go missing in the early relationship between a baby and their primary caretaker(s), the child develops neither representations nor a stable body image. The consequence: In later years, traumatic experiences lead to resomatization, something Dennis Brown (2006a, p. 52) called "dementalization."

Although we may seem convinced of what we are feeling, it is not unusual that in fact our feelings are not that secure, as they depend on the respective situation or how much stress we are under. Feeling nothing at all, on the other hand, may point to a certain sort of psychopathology – but not necessarily. "The fact that we do not always know what we feel is important, as it is vastly underestimated in contemporary accounts of emotion" (Jurist, 2018, p. 9). One prerequisite for being able to recognize and apply experiences from the earliest years in psychotherapy is the ability to sense somatic sensations that emerge as affects and develop them into emotions as part of a conscious process.

The absence of empathy – in addition to feelings of hate – results from the absence of affect regulation in a teleological mode, a frequent precondition to aggressive impulse breakthroughs, leading at worst to homicide. The ability to empathize demands a sufficient level of development of the basic five senses (hearing, smelling, tasting, seeing, feeling), which are complemented by other sensual competencies, such as temperature (thermoreception), pain (nociception), balance (vestibular sense), depth (proprioception), and several interoceptions (e.g., thirst, hunger, and blood-pressure regulation), which function as detectors or sensors. Without these “senses” – Leikert (2019a) rightly speaks of a sensual self – our perception would be very limited indeed. People whose anxiety symptoms trigger a true catastrophe (such as having a heart attack and the feeling of impending death) cannot suppress the feeling during an acute attack. There is a good cause to conclude that such a situation is based on unstable representation experiences in their procedural memory, formed either from an exaggerated and overwhelmed (or vice versa: completely missing) mirroring of childish emotions caused by early caretakers. This in turn leads to neurobiologically disrupted representational mapping (Fonagy et al., 2002 [2004], p. 34). When representations are absent or fail to be linked together, this emerges as a type of pre- or non-mentalizing mode (cf. Chapter 5.1). Then, only dedicated therapeutic interactions accompanied by congruent mirroring processes can establish a mentalizing and ultimately reflective mode. The body-mode originally put forth by Diez Grieser and Müller (2018) and expanded on by the author is presently not included in the mentalization model. The term “embodied mentalizing” appears for the first time in a chapter on eating disorders by Skarderud and Fonagy (2012, p. 359) and is defined in the glossary as follows: “in which the body is used to fill in moments of mentalizing failure. The term is elaborated to cover mental states related to a person’s physical being, including perceptions and cognitions about bodily function and sensorimotor perception” (p. 513). But the term “embodied mentalizing” now in use in the mentalization model does not accurately reflect the phenomena captured in the body-mode: Mentalizing does not (yet) take place in the body-mode or, as Jurist (2022, p. 200) formulates: “The body is not a receptacle for unwanted mental life; it informs and supports mental life.” Independent of the type of pre-mentalizing mode, certain sensory perceptions cannot be meaningfully applied to interpersonal homeostasis on their own if stable representations are missing to structure sensory experiences.

The development of a body-self cannot proceed without the development of stable neuronal structures in the brain. Living systems consist of open, circular feedback loops in which the system components interact reciprocally – either horizontally or vertically. We already know that the regulation of the immune system, like the regulation of the hormonal and nervous systems, does not occur in isolation but rather in the form of reciprocal influence (Federschmidt, 2017). Immune cells have receptors for both neuropeptides (neurotransmitters) and hormones. Vice versa, the nerve cells have receptors for the transmitters of the immune system, along with the special role played by cytokines. All immunological organs are

connected to the fibers of the nervous system. Like the hormones, the transmitters of the nervous system influence the central nervous system and with it our mental health.

Against the background of these bio-psycho-social linkages, the body mirrors the psyche, and the psyche mirrors the body. That is how the hormones in a mother–child dyad interact as well, including their blood-sugar and adrenaline levels, their smiles, their gestures – and their emotions. That is what Winnicott (1952 [1958], p. 99) in his now-famous expression tried to formulate: “There is no such thing as a baby, but only a mother-and-baby unit,” which has opened the way to the further understanding that there is no such thing as a mother-and-baby unit extra-context, outside of the triangular context including the father. But it was also Winnicott who attempted to “think of the developing individual, starting at the beginning” *without opposing the mental and the physical*.

Here is a body, and the psyche and the soma are not to be distinguished except according to the direction from which one is looking. One can look at the developing body or at the developing psyche. I suppose the word psyche here means the imaginative elaboration of somatic parts, feelings, and functions, that is, of physical aliveness.

(Winnicott, 1949 [2014], p. 244)²

Today, the brain is considered an active organ. In the sense of being a predictive brain, it can generate predictions and hypotheses based on sensations (= expectations), which are not limited to reactions to stimuli. It can predict physiological needs, and it can even try to fulfill those needs before the body calls for them (e.g., if your blood pressure were to adapt only after coming to a stop, you would faint). Energetically speaking, that is clearly a more economical solution and serves to adapt to challenges (“allostasis”).

Vice versa, individual influences from early childhood (“imprints”) and adolescence play a major role in the form of expectations. Participants in experiments report that they experience less pain if the expectation of pain is lower than the actual stimulus. Put differently, if you expect intensive pain, then the subsequent perception is much greater, something that is pronounced especially among anxious people (Paulus & Stein, 2010); also, the side effects of antidepressant medication, such as frequency, intensity, and impairment, over time were more strongly associated with increases in depressive symptoms for patients with panic disorder compared to those without panic disorder (Shankman et al., 2017). It is presumed that this effect stems from a heightened interoceptive awareness of changes in their body, which means such patients are at higher risk than those without an anxiety disorder. Whether interoception is more or less developed appears to depend on the attachment style and the attachment representations. Discrepancies between the expected inner state and the inner state that is actually experienced may precipitate a whole spectrum of maladaptive behaviors that seek to modify the inner milieu to adapt it to the expected state.

When emotional-somatic feedback regarding a secure attachment goes missing over a longer period of time, the results can be dramatic: Romanian orphans who, near the end of the Ceausescu era, were forced to spend their first years of life in extreme emotional deprivation had adult brains that were on average 8.6% smaller than those of comparable British children who had been adopted shortly after birth (Mackes et al., 2020). These effects were found particularly in regions of the brain concerned with functions such as organization, motivation, integration of information, and memory. Interestingly, the right lower temporal lobe of the Romanian children was larger than that of the English children; one interpretation of this phenomenon is that the brain was trying to compensate for the negative effects of deprivation. Romanian children with the largest growth in this area showed low-level ADHD symptoms.

A neuronal and neuroendocrine deficit prevents proper mentalizing by dampening the ability to adaptively calibrate stressors and affects of all types (see Figure 1.1). In addition to impairments in the synaptic and dendritic connections in the brain, we find damage to the so-called stress system – the hypothalamic-pituitary-adrenal (HPA) axis – and to the entire affect control. Further, several neuropeptides are impaired, the best researched being oxytocin. Oxytocin, as it turns out, plays a major role in social belongingness, attachment behavior, social support, maternal behavior, and trust as well as protecting against stress and anxiety. Both emotional and sexual abuse during childhood results in, among other things, a reduced level of oxytocin in the brain fluid of adult women (Heim et al., 2009). All of which relates to problems of social class: Not only are persons with low and medium income exposed to more stressors, which in turn make them vulnerable to all sorts of somatic and psychosomatic disorders (including a propensity toward dissociation),

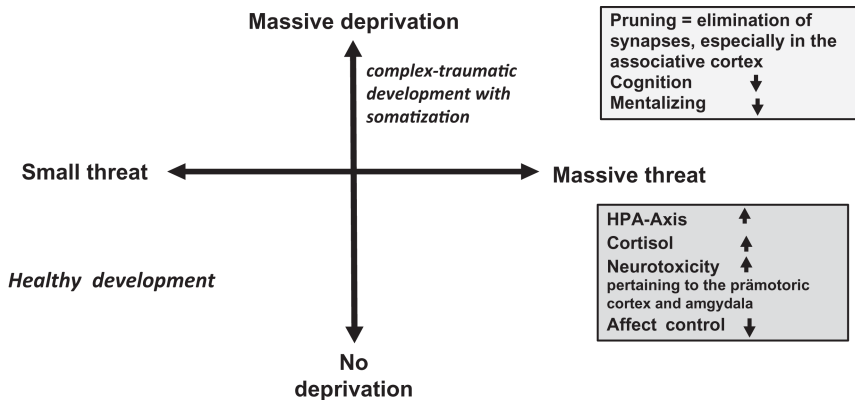


Figure 1.1 Early negative childhood experiences (deprivation and vulnerability) as dimensions of neural development, impaired affect regulation, and mentalization deficits.

Source: Schultz-Venrath 2021; modified acc. to McLaughlin et al. (2014).

their ability to counter their symptoms through mentalization is weakened (Goldstein et al., 2019; Purgato et al., 2018).

In animals, life in a monotonous and socially isolated environment leads to the constrained production of new neurons in their gyrus dentatus, part of the hippocampus. Similar results were found in adults who had spent over 14 months in the Antarctic on their own, including the reduction of the gray substance in the right dorsolateral prefrontal cortex (DLPFC), the left orbitofrontal cortex (OFC), and in the left parahippocampal gyrus of their brain (Stahn et al., 2019). In this respect, impairments of neuronal development due to experiences of deprivation and threat with effects on affect regulation should be properly addressed during psychotherapy as deficits with regard to any limitations of mentalizing (McLaughlin et al., 2014; Sheridan & McLaughlin, 2014).

Only in the new millennium has interest in the importance of affects and emotions for attachment style, the body, and the development of an affective self emerged in the psychotherapeutic scene. Nevertheless, we are “far from having exhaustively researched” the physical and corporeal processes, the role of physical self-awareness in countertransference, and a patient’s “integration of somatic perceptions in the chain of associations” (Leikert, 2019b, p. 30). Affects and feelings were long deemed to be of little value in the scientific and clinical world; even as recently as 1987, children were being operated on without the use of anesthesia, on the assumption that they felt no pain (Coates, 2016).

Every newborn, every adult can feel anger – when they receive no response to their interests, when they are ignored, or when their wishes are thwarted. We have all experienced the feeling of being abandoned, of feeling sad. Many of us enjoy playing together with others. These affects are based on nonverbal, physical, and sensomotoric-neurobiological states of our organism in a particular situation. Every affect has its own intentionality, for example, when we spit out something repulsive or toxic or when we take joy in interactions with others. The idea of “intentionality” goes back to Franz Brentano, who suggested this term to describe mental phenomena (such as conviction, desire, perception, intention, etc.). “No physical phenomenon reveals something like that” (Brentano, 1874 [2008], p. 124f.). Independent of the discussion of whether or not affects are inborn, intersubjective, or both, they are quite definitely culturally embedded and change from time to time. For example, during the Middle Ages, it was not unusual to see people shamelessly defecate and urinate in public, wherever they happened to be at the moment. Then came the common public toilets.

Throughout modern European history, we can observe an ever-higher level of the threshold for shame and embarrassment, in correlation with the erection of individual toilets and washing rooms, witnesses to the new physical boundaries that ran parallel to the establishment of modern civilization (Elias, 1939; Gleichmann, 1979). We should recall that Freud’s theory of phases (oral, anal, genital) was considerably influenced by these cultural developments. At the turn of the century, the smell of fecal matter in Vienna had reached a level such that it, like many other cities throughout Europe, decided to alleviate its misery by building a sewer system. Whereas earlier the farmers had come to town to haul off the remains and

were even willing to pay for them, the city folk now had to pay for its removal. It wasn't much of a stretch for Freud to equate anality with money.

That is a good example of how affects are related to the situation and the person involved (Trevarthen, 1979, 1993), even if we do tend to divide up affects into those that process information (e.g., curiosity), regulate relationships (e.g., anger), or are self-reflexive (Wöller & Kruse, 2018, p. 138). They have two dimensions: one on the level of arousal, one with a "hedonic tone" (Hill, 2015), that is, they are accompanied by either negative or positive states of over- or underexcitation as well as feelings of desire or aversion, pleasure or displeasure. This is reminiscent of concepts from psychoanalysis, namely, that affects that appear later in life may be traced back to neonatal states of contentment or discontent (Krystal, 1978). Later this becomes connected to two very different lines of development: a child's nonverbal affective system and a verbal, desomatized adult system: "The core of the self is thus nonverbal, unconscious, and embedded in the matrix of affect regulation" (Schore, 2007, p. 43).

The mentalization model rests on the theory of the formation of representations for affects based on the proper attachment to primary caretakers; it tries to integrate several other models that concentrate on the (largely three-part) development of an (affective) self, whether under consideration of findings from developmental psychology or not:

- *Daniel Stern*, who introduced his intersubjective self-concept and dynamic forms of vitality, expressed in terms such as "exploding," "pulsating," or "fading"; these describe more "how" (i.e., the manner) and the style, rather the "what" and "why," of affects. We are, he thought, unable to detect or imagine unseen mental activities such as thoughts, emotions, or even "will" without movement. For Stern, the development of representations or descriptions of an emerging self or "core self" is the central prerequisite for the structuring of a self (Stern, 1985 [1992]; Stern, 2010a). He differentiates between semantic and procedural representations, whereby the former enable symbolization via language and the latter serve as knowledge concerned with, say, *how* to ride a bicycle. Stern was one of the first researchers to declare that interpretations (sensu becoming aware of repressed drives and fantasies) did not suffice to induce change during psychoanalytic treatment (Stern, 2012, p. 52; Stern et al., 2010).
- *Antonio Damasio* presented a neuroscientific concept of four different levels of life regulation. Basal life regulation consists of simple, stereotypical patterns of reaction, among others the regulation of metabolism and reflexes. This forms the basis for emotions (corresponding to the affects) with their complex and stereotypical patterns of reaction, among others the primary (congenital) and secondary (social) emotions (e.g., embarrassment, guilt, pride) as well as background emotions (well-being or discomfort, calmness or tension). These, in turn, spawn feelings as sensory patterns, signaling pain, lust, and emotions, which then turn into ideas and, at the highest level, the higher thought processes (= consciousness) (Damasio, 1994, 1999). He preferred the term "somatic markers for inner

mental states” over “affects,” which he thought were acquired through experience but could go missing because of neuronal or cultural damage. They are expressed – among other things – in tension, sighing, or cramping.

- *Jaak Panksepp* suggested so-called basis affect systems, evolutionarily derived from the animal world, which gave our understanding of the development of a body self a new foundation. These systems stem from the subcortical brain structures of mammals, in the sense of a *primary process* (for which Panksepp chose to use the beginning letters of the seven affect systems). The *secondary process* is based on “inbuilt emotional learning mechanisms,” and the *tertiary process* is represented by “emotional thoughts and deliberations that are so evident in human experience” (Panksepp, 1998; Panksepp & Biven, 2012, p. xi). That is where the representations develop that demonstrate a certain level of stability in children aged 3–4 years. But “according to Panksepp there are three types of affect: homeostatic and sensory ones (both of which are bodily) and emotional ones (which involve the body but cannot be described as ‘bodily’ in any simple case)” (Solms, 2021, p. 101).
- *Sebastian Leikert* refers to Wilma Bucci, Jörg Scharff, Daniel Stern, and Ulla Volz-Boers. He assumes that the world of representations of the self consists of three different layers: the body self (corporality), imagination, and language, each of which has a different means of organization. As far as treatment is concerned, Stern and Leikert lie very close to the mentalization model, for which a “differentiation of the somatic self-awareness” is suggested for “detoxifying the body self” (Leikert, 2019a, p. 26f.). This largely corresponds to the differentiation of affect experience foreseen by the mentalization model.
- *Mark Solms* reflects on the emergence of consciousness, which is far more primitive than we often assume: It arises in brain regions that humans share with fishes:

The simplest forms of feelings – hunger, thirst, sleepiness, muscle fatigue, nausea, coldness, urinary urgency, the need to defecate, and the like – might not seem like affects, but that is what they are. What distinguishes affective states from other mental states is that they are hedonically *valenced*: they feel “good” or “bad.”

(Solms, 2021, p. 96)

The valence registers “the *degree* and *direction* of homeostatic deviations from our biologically viable states” (Solms, 2022, p. 168), giving all affects and emotions a dimensionality. On the other side indicate all affects that they are governed by homeostasis led by the pleasure-unpleasure principle.

To date, the affect and emotion literature has failed to come to a consensus about what exactly affects, emotions, and feelings are – and how a self arises from them. In the cognitive neurosciences, emotion is defined as “free from affect” (LeDoux, 1996). Damasio, however, does not use the term “affect” at all, preferring to speak

of the “primordial feelings” of the proto-self, which stores information via the body; this corresponds to the affect system. Damasio sees the prefrontal areas of the brain, home to most secondary feelings, as the decisive neuronal system for obtaining the signal apparatus of the somatic markers acquired by experience (Damasio, 1994). Contrary to those who prefer to differentiate feelings through the affect-labeled mirroring of important others, Damasio imagines a neuronal self with two categories of representations: topographically organized ones and acquired dispositional ones, which are responsible for memorable imaginations within the smaller neuron complexes – and thus form our memory. Although Damasio did not concern himself with findings from developmental psychology, he does defend an intersubjective position: Consciousness “is rooted in the representation of the body” (Damasio, 1999, p. 37) and can only develop “when the organism’s representation devices exhibit a specific wordless knowledge – the knowledge that the organism’s own state has been changed by an object – and when this knowledge occurs along with the salient representation of an object” (Damasio, 1999, p. 25).

Both in colloquial speech and scientific treatises, affects and emotions are often equally considered unconscious forms of expression, feelings are generally conscious and representations of affects and basal emotions. There have been many attempts to define emotions. In short, one can say: Whenever powerful waves of affects overflow us, we are experiencing an emotion; in turn, if similar, less powerful but still persistent feelings occur, we can speak of a mood (Panksepp, 1998, p. 47). An overwhelming number of emotions is normally accompanied by a disruption of the usual neuronal mechanisms connected to rationality and cognition. At that point, basal, phylogenetic, and ontogenetic older brain stem systems assume the control over our behavior.

As plausible as such a description may be, it fails to do justice to the complexity of how affects and emotions control personal features, personality, and the self – and vice versa, how the autobiographical self influences affects and emotions. It also cannot properly explain how emotions truly function and can trigger an individual’s feelings, which are subsequently registered as such. A further conundrum lies in the fact that many terms describing emotions, such as love, shame, and anger, differ from one culture to another and from one language to another, even when translating the exact same terms.

In his monumental work *The Expression of Emotions in Humans and Animals* (Darwin, 1872 [1934]), Charles Darwin assumed that every culture experienced six basic emotions: joy, sadness, fear, anger, surprise, and disgust. Very detailed linguistic-statistical studies have shown that terms for emotion display both cultural variations *and* universal traits (Jackson et al., 2019). For example, people who speak Mwotlap on the island of Vanuatu in the South Pacific have no exactly equivalent expression for the English term *love*; the closest equivalent is the verb *tam*, meaning some form of empathy, largess, and hospitality. That fairly well describes the English idea of *neighborly love*, while failing to include *romantic love* (expressed in that language by a different verb for something like “need” – “I need you”) (Matacic, 2019). Even in Western cultures, whose expressions for

References

- Acheson, E. D. (1959). The clinical syndrome variously called benign myalgic encephalomyelitis, Iceland disease and epidemic neuromyasthenia. *Am J Med*, 26(4), 569–595. [https://doi.org/0002-9343\(59\)90280-3](https://doi.org/0002-9343(59)90280-3).
- Adler, A. (1927). *Studie über Minderwertigkeit von Organen*. München: von Bergmann.
- Ainsworth, M. D. S., Blehar, M. C., Waters, E., & Wall, S. (1978). *Patterns of Attachment: A Psychological Study of the Strange Situation*. New York: Earlbaum.
- Aisenstein, M., & Smadja, C. (2010). Conceptual framework from the Paris psychosomatic school: a clinical psychoanalytic approach to oncology. *Int J Psychoanal*, 91, 621–640.
- Alexander, F. (1934). The influence of psychologic factors upon gastro-intestinal disturbances: a symposium. *Psychoanal Q*, 3(4), 501–539. <https://doi.org/10.1080/21674086.1934.11925219>.
- Alexander, F. (1948). Fundamental concepts of psychosomatic research. *Psychogenesis, conversion, specificity*. *Psychosom Med*, 5, 205–210.
- Alexander, F., & French, T. M. (1948) (Eds.). *Studies in Psychosomatic Medicine. An Approach to the Cause and Treatment of Vegetative Disturbances*. New York: Ronald Press Company.
- Allen, J. G., Fonagy, P., & Bateman, A. W. (2008). *Mentalizing in Clinical Practice*. Washington, DC: American Psychiatric Publishing.
- Allsopp, K., Read, J., Corcoran, R., & Kinderman, P. (2019). Heterogeneity in psychiatric diagnostic classification. *Psychiatry Res*, 279, 15–22. <https://doi.org/10.1016/j.psychres.2019.07.005>.
- Altenkirch, H. (1995). Multiple chemical sensitivity (MCS)-Syndrom. *Gesundh-Wes*, 57, 661–666.
- Anzieu, D. (1985 [1995]). *Le Moi-Peau*. Paris: Dunod.
- Anzieu, D. (2016). *The Skin-Ego*. London: Routledge.
- APA. (2013). *Diagnostic and Statistical Manual of Mental Disorders (5th ed.)*. Washington, DC: American Psychiatric Association.
- Apfel, R. J., & Sifneos, P. E. (1979). Alexithymia: concept and measurement. *Psychother Psychosom*, 32(1–4), 180–190. www.ncbi.nlm.nih.gov/pubmed/550171.
- Arcaro, M. J., Schade, P. F., Vincent, J. L., Ponce, C. R., & Livingstone, M. S. (2017). Seeing faces is necessary for face-domain formation. *Nat Neurosci*, 20(10), 1404–1412. <https://doi.org/10.1038/nn.4635>.
- Argelander, H. (1991). *Der Text und seine Verknüpfungen: Studien zur psychoanalytischen Methode*. Heidelberg, Berlin: Springer.
- Arnott, B., & Meins, E. (2007). Links between antenatal attachment representations, postnatal mind-mindedness, and infant attachment security: a preliminary study of mothers and fathers. *Bull Menninger Clin*, 71, 132–149. <https://doi.org/10.1521/bumc.2007.71.2.132>.
- Aron, L. (1998 [2015]). Introduction – The body in drive and relational models. In L. Aron & F. S. Anderson (Eds.), *Relational Perspectives on the Body (Vol. 12, pp. IX–XXVIII)*. London, New York: Taylor & Francis. Kindle-Version.
- Asen, E., Campbell, C., & Fonagy, P. (2019). Social systems. Beyond the microcosm of the individual and family. In A. Bateman & P. Fonagy (Eds.), *Handbook of Mentalizing in Mental Health Practice (pp. 229–243)*. Washington, DC: American Psychiatric Association Publishing.
- Asher, R. (1951). Munchausen's syndrome. *Lancet*, 1(6650), 339–341. www.ncbi.nlm.nih.gov/pubmed/14805062.
- Auster, P. (1982). *The Invention of Solitude*. London: Faber and Faber.
- Baldwin, S. A., & Imel, Z. E. (2013). Therapist effects. In M. J. Lambert (Ed.), *Bergin and Garfield's Handbook of Psychotherapy and Behavior Change (6th ed., pp. 258–297)*. New York: Wiley & Sons.
- Baldwin, S. A., Wampold, B. E., & Imel, Z. E. (2007). Untangling the alliance-outcome correlation: exploring the relative importance of therapist and patient variability in the alliance. *J Consult Clin Psychol*, 75(6), 842–852. <https://doi.org/2007-19013-002> [pii];10.1037/0022-006X.75.6.842.
- Bales, D. L., & Bateman, A. W. (2012). Partial hospitalization settings. In A. W. Bateman & P. Fonagy (Eds.), *Handbook of Mentalizing in Mental Health Practice (pp. 197–226)*. Washington, DC: American Psychiatric Publishing, Inc.
- Bales, D. L., Timman, R., Andrea, H., Busschbach, J. J., Verheul, R., & Kamphuis, J. H. (2015). Effectiveness of day hospital mentalization-based treatment for patients with severe

borderline personality disorder: a matched control study. *Clin Psychol Psychother*, 22(5), 409–417. <https://doi.org/10.1002/cpp.1914>.

Bales, D. L. , Timman, R. , Luyten, P. , Busschbach, J. J. , Verheul, R. , & Hutsebaut, J. (2017). Implementation of evidence-based treatments for borderline personality disorder: the impact of organizational changes on treatment outcome of mentalization-based treatment. *Personal Ment Health*, 11, 118–131. <https://doi.org/10.1002/pmh.1381>.

Ballespí, S. , Vives, J. , Alonso, N. , Sharp, C. , Ramirez, M. S. , Fonagy, P. , & Barrantes-Vidal, N. (2019). To know or not to know? Mentalization as protection from somatic complaints. *PLoS One*, 14. <https://doi.org/https://doi.org/10.1371/journal.pone.0215308>.

Ballespí, S. , Vives, J. , Debbané, M. , Sharp, C. , & Barrantes-Vidal, N. (2018). Beyond diagnosis: mentalization and mental health from a transdiagnostic point of view in adolescents from non-clinical population. *Psychiatry Res*, 270, 755–763. <https://doi.org/https://doi.org/10.1016/j.psychres.2018.10.048>.

Bandura, A. (1967). The role of modeling processes in personality development. In W. W. Hartup & N. L. Smothergill (Eds.), *The Young Child: Reviews of Research* (pp. 42–58). Washington, DC: National Association for the Education of Young Children.

Baron-Cohen, S. , Leslie, A. M. , & Frith, U. (1985). Does the autistic child have a “theory of mind”? *Cognition*, 21(1), 37–46. [https://doi.org/0010-0277\(85\)90022-8](https://doi.org/0010-0277(85)90022-8) [pii].

Barsky, A. J. (1992). Amplification, somatization, and the somatoform disorders. *Psychosomatics*, 33(1), 28–34. [https://doi.org/10.1016/S0033-3182\(92\)72018-0](https://doi.org/10.1016/S0033-3182(92)72018-0).

Bateman, A. , Bales, D. , & Hutsebaut, J. (2014). A quality manual for MBT. www.annafreud.org/media/1217/a-quality-manual-for-mbt-edited-april-23rd-2014-2.pdf.

Bateman, A. , Campbell, C. , & Fonagy, P. (2021). Rupture and repair in mentalization-based group psychotherapy. *Int J Group Psychother*, 1–22. <https://doi.org/10.1080/00207284.2020.1847655>.

Bateman, A. , & Fonagy, P. (2016). *Mentalization-Based Treatment for Personality Disorders – A Practical Guide*. Oxford: Oxford University Press.

Bateman, A. , Fonagy, P. , Campbell, C. , Luyten, P. , & Debbané, M. (2023). *Cambridge Guide to Mentalization-Based Treatment (MBT)*. Cambridge: Cambridge University Press.

Bateman, A. , Kongerslev, M. , & Hansen, S. B. (2019). Group therapy for adults and adolescents. In A. Bateman & P. Fonagy (Eds.), *Handbook of Mentalizing in Mental Health Practice* (pp. 117–133). Washington, DC: American Psychiatric Association Publishing.

Bateman, A. W. , & Fonagy, P. (2004). Mentalization-based treatment of BPD. *J Personal Disord*, 18(1), 36–51. www.ncbi.nlm.nih.gov/pubmed/15061343.

Bateman, A. W. , & Fonagy, P. (2008). 8-year follow-up of patients treated for borderline personality disorder: mentalization-based treatment vs treatment as usual. *Am J Psychiatry*, 165(5), 631–638. www.ncbi.nlm.nih.gov/pubmed/18347003.

Bateman, A. W. , & Fonagy, P. (Eds.). (2019). *Handbook of Mentalizing in Mental Health Practice*. Washington, DC: American Psychiatric Association Publishing.

Bauer, J. (2005). *Warum Ich fühle, was Du fühlst. Intuitive Kommunikation und das Geheimnis der Spiegelneurone*. Frankfurt am Main: Hoffmann und Campe.

Beard, G. M. (1880 [1890]). *Die sexuelle Neurasthenie, ihre Hygiene, Aetiologie, Symptomatologie und ihre Behandlung* (2 Aufl.). Leipzig and Wien: Franz Deuticke.

Becker, G. , Kempf, D. E. , Xander, C. J. , Momm, F. , Olschewski, M. , & Blum, H. E. (2010). Four minutes for a patient, twenty seconds for a relative – an observational study at a university hospital. *BMC Health Serv Res*, 10, 94. <https://doi.org/1472-6963-10-94> [pii];10.1186/1472-6963-10-94.

Beddington, J. (2013). *Foresight Future Identities. Final Project Report*. London: The Government Office for Science.

Bergmann, G. V. (1927). Zum Abbau der “Organneurosen” als Folge interner Diagnostik. *Dtsch med Wschr*, 53, 2057–2060.

Berman, A. , & Ofer, G. (Eds.). (2024). *Tolerance – A Concept in Crisis: Socio-Cultural Psychoanalytic, and Group Analytic Perspectives*. London: Routledge (in press).

Bernhard, T. (1971). *Gehen*. Frankfurt am Main: Suhrkamp.

Betts, T. , & Boden, S. (1992a). Diagnosis, management and prognosis of a group of 128 patients with non-epileptic attack disorder. Part I. *Seizure*, 1(1), 19–26. www.ncbi.nlm.nih.gov/pubmed/1344315.

- Betts, T. , & Boden, S. (1992b). Diagnosis, management and prognosis of a group of 128 patients with non-epileptic attack disorder. Part II. Previous childhood sexual abuse in the aetiology of these disorders. *Seizure*, 1(1), 27–32. www.ncbi.nlm.nih.gov/pubmed/1344316.
- Bick, E. (1968). The experience of the skin in early object relations. *Int J Psychoanal*, 49, 484–506.
- Bion, W. R. (1952). Group dynamics: a review. *Int J Psychoanal*, 33, 235–247.
- Bion, W. R. (Ed.). (1967). *Clinical Seminars: Brasilia and Sao Paulo and Four Papers*. London: Karnac.
- Birksted-Breen, D. (2019). Pathways of the unconscious: when the body is the receiver/instrument. *Int J Psychoanal*, 100, 1117–1133. <https://doi.org/10.1080/00207578.2019.1661253>.
- Blakemore, S. J. (2008). The social brain in adolescence. *Nat Rev Neurosci*, 9(4), 267–277. <https://doi.org/10.1038/nrn2353>.
- Blakemore, S. J. (2010). The developing social brain: implications for education. *Neuron*, 65(6), 744–747. <https://doi.org/10.1016/j.neuron.2010.03.004>.
- Böhme, R. (2019). *Human Touch – Warum körperliche Nähe so wichtig ist*. München: C.H. Beck.
- Botvinick, M. , & Cohen, J. (1998). Rubber hands 'feel' touch that eyes see. *Nature*, 391(6669), 756. <https://doi.org/10.1038/35784>.
- Bouchard, M.-A. , & Lecours, S. (2008). Contemporary approaches to mentalization in the light of Freud's project. In F. N. Busch (Ed.), *Mentalization. Theoretical Considerations, Research Findings and Clinical Implications* (pp. 103–129). New York and London: The Analytic Press, Taylor & Francis Group.
- Bowlby, J. (1958). The nature of the child's tie to his mother. *Int J Psychoanal*, 39, 350–373.
- Bowlby, J. (1969 [1982]). *Attachment and Loss: Vol. 1 Attachment* (rev. 2nd ed.). New York: Basic Books.
- Bowlby, J. (1978). Attachment theory and its therapeutic implications. *Adolesc Psychiatry*, 6, 5–33. www.ncbi.nlm.nih.gov/pubmed/742687.
- Brand, T. , Hecke, D. , Rietz, C. , & Schultz-Venrath, U. (2016). Therapieeffekte mentalisierungsbasierter und psychodynamischer Gruppenpsychotherapie in einer randomisierten Tagesklinik-Studie. *Gruppenpsychother Gruppendynamik*, 52(2), 156–175.
- Brandt, T. , & Dieterich, M. (1986). Phobischer Attacken-Schwankschwindel – ein neues Syndrom? *MMW – Fortschritte der Medizin*, 128, 247–250.
- Bremner, J. D. (2009). Neurobiology of dissociation: a view from the trauma field. In P. F. Dell & J. A. O'Neill (Eds.), *Dissociation and the Dissociative Disorders: DSM-V and Beyond*. New York: Routledge.
- Brentano, F. (1874 [2008]). *Psychologie vom empirischen Standpunkte. Von der Klassifikation der psychischen Phänomene* (Vol. 1). Frankfurt am Main: Ontos Verlag.
- Bretherton, I. (1999). Updating the 'internal working model' construct: some reflections. *Attach Hum Dev*, 1(3), 343–357. <https://doi.org/10.1080/14616739900134191>.
- Breuer, J. , & Freud, S. (1956). On the psychical mechanism of hysterical phenomena (1893). *Int J Psychoanal*, 37, 8–13.
- Broschmann, D. , & Fuchs, T. (2020). Zwischenleiblichkeit in der psychodynamischen Psychotherapie – Ansatz zu einem verkörperten Verständnis von Intersubjektivität. *Forum Psychoanal*, 36, 459–475. <https://doi.org/https://doi.org/10.1007/s00451-019-00350-z>.
- Brown, D. (1985). The psychosoma and the group. *Group Anal*, 18, 93–101.
- Brown, D. (2006a). Drowsiness in the countertransference. In J. Maratos (Ed.), *Resonance and Reciprocity – Selected Papers by Dennis Brown* (pp. 37–53). London and New York: Routledge, Taylor & Francis.
- Brown, D. (2006b). The psychosoma and the group. In J. Maratos (Ed.), *Resonance and Reciprocity* (pp. 15–27). London and New York: Routledge, Taylor & Francis.
- Brown, S. , & Vaughan, C. (2009). *Play – How It Shapes the Brain, Opens the Imagination and Invigorates the Soul*. New York: Avery.
- Bruch, H. (1973). *Eating Disorders: Obesity, Anorexia Nervosa and the Person Within*. London: Routledge & Kegan Paul.
- Buchheim, A. , Heinrichs, M. , George, C. , Pokorny, D. , Koops, E. , Henningsen, P. , O'Connor, M. F. , & Gundel, H. (2009). Oxytocin enhances the experience of attachment security. *Psychoneuroendocrinology*, 34(9), 1417–1422. [https://doi.org/S0306-4530\(09\)00117-6](https://doi.org/S0306-4530(09)00117-6)

[pii];10.1016/j.psyneuen.2009.04.002.

- Buchholz, M. B. (2014). Embodiment. Konvergenzen von Kognitionsforschung und analytischer Entwicklungspsychologie. *Forum Psychoanal*, 30, 109–128.
- Budd, S. (2001). 'No sex, please – we're British': sexuality in English and French psychoanalysis. In C. Harding (Ed.), *Sexuality: Psychoanalytic Perspectives* (pp. 52–68). Hove: Brunner-Routledge.
- Burlingame, G. M. , & Strauss, B. (2021). Efficacy of small group treatments. In M. Barkham , W. Lutz , & L. G. Castonguay (Eds.), *Bergin and Garfield's Handbook of Psychotherapy and Behavior Change: 50th Anniversary Edition* (7th ed., pp. 583–624). Chichester: John Wiley & Sons.
- Burrow, T. (1913 [2013]). Psychoanalysis and life. In E. Gatti Pertegato & G. O. Pertegato (Eds.), *From Psychoanalysis to Group Analysis. The Pioneering Work of Trigant Burrow* (pp. 7–16). London: Karnac.
- Burton, C. , Lucassen, P. , Aamland, A. , & Olde Hartman, T. (2015). Explaining symptoms after negative tests: towards a rational explanation. *J R Soc Med*, 108, 84–88.
- Campbell, C. , Tanzer, M. , Saunders, R. , Booker, T. , Allison, E. , Li, E. , O'Dowda, C. , Luyten, P. , & Fonagy, P. (2021). Development and validation of a self-report measure of epistemic trust. *PLoS One*, 16(4), e0250264. <https://doi.org/https://doi.org/10.1371/journal.pone.0250264>.
- Chen, P. A. , Cheong, J. H. , Jolly, E. , Elhence, H. , Wager, T. D. , & Chang, L. J. (2019). Socially transmitted placebo effects. *Nat Hum Behav*, 3(12), 1295–1305. <https://doi.org/10.1038/s41562-019-0749-5>
- Chugani, H. T. , Behen, M. E. , Muzik, O. , Juhasz, C. , Nagy, F. , & Chugani, D. C. (2001). Local brain functional activity following early deprivation: a study of postinstitutionalized Romanian orphans. *Neuroimage*, 14(6), 1290–1301. <https://doi.org/10.1006/nimg.2001.0917>.
- Ciaunica, A. , & Fotopoulou, A. (2017). The touched self: psychological and philosophical perspectives on proximal intersubjectivity and the self. In C. Durt , T. Fuchs , & C. Tewes (Eds.), *Embodiment, Enaction, and Culture* (pp. 173–192). Cambridge, MA and London: The MIT Press.
- Coates, S. W. (2016). Can babies remember trauma? Symbolic forms of representation in traumatized infants. *J Am Psychoanal Assoc*, 64(4), 751–776. <https://doi.org/10.1177/0003065116659443>.
- Cochrane, C. E. , Brewerton, T. D. , Wilson, D. B. , & Hodges, E. L. (1993). Alexithymia in the eating disorders. *Int J Eat Disord*, 14(2), 219–222. www.ncbi.nlm.nih.gov/pubmed/8401555.
- Cole, E. J. , Barraclough, N. E. , & Andrews, T. J. (2019). Reduced connectivity between mentalizing and mirror systems in autism spectrum condition. *Neuropsychologia*, 122, 88–97. <https://doi.org/10.1016/j.neuropsychologia.2018.11.008>.
- Collins, D. T. (1965). Head-banging: its meaning and management in the severely retarded adult. *Bull Menninger Clin*, 29, 205–211. www.ncbi.nlm.nih.gov/pubmed/14346995.
- Congy, F. , Hauw, J. J. , Wang, A. , & Moulias, R. (1980). Influenzal acute myositis in the elderly. *Neurology*, 30(8), 877–878. www.ncbi.nlm.nih.gov/pubmed/7191071.
- Corning, J. L. (1888 [2018]). *A Treatise on Headache and Neuralgia, Including Spinal Irritation and a Disquisition on Normal and Morbid Sleep*. New York: E. B. Treat.
- Creed, F. , von der Feltz-Cornelis, C. , Guthrie, E. , Henningsen, P. , Rief, W. , Schröder, A. , & White, P. (2011). Identification, assessment and treatment of individual patients. In F. Creed , P. Henningsen , & P. Fink (Eds.), *Medically Unexplained Symptoms, Somatisation and Bodily Distress. Developing Better Clinical Services* (pp. 175–216). Cambridge: Cambridge University Press.
- Cremerius, J. (1981). Freud bei der Arbeit über die Schulter geschaut. Seine Technik im Spiegel von Schülern und Patienten. In U. Ehenald & F. W. Eickhoff (Hrsg.), *Humanität und Technik in der Psychoanalyse. Jahrbuch der Psychoanalyse, Beiheft 6* (pp. 123–158). Bern: Huber.
- Crespi, B. , & Dinsdale, N. (2019). Autism and psychosis as diametrical disorders of embodiment. *Evol Med Public Health*, 2019(1), 121–138. <https://doi.org/10.1093/emph/eoz021>.
- Da Costa, J. M. (1871). On irritable heart; a clinical study of a form of functional cardiac disorder and its consequences. *Am J Med Sci*, 61, 18–52.
- Damasio, A. R. (1994). *Descartes' Error, Emotion, Reason and the Human Brain*. New York: G. P. Putnam's Son.

- Damasio, A. R. (1999). *The Feeling of What Happens. Body and Emotion in the Making of Consciousness*. New York, San Diego and London: Hartcourt Brace & Company.
- Darwin, C. R. (1872 [1934]). *The Expression of Emotions in Man and Animals*. London: Watts & Co.
- de Lissovoy, V. (1963). Head banging in early childhood: a suggested cause. *J Genet Psychol*, 102(1), 109–114. <https://doi.org/10.1080/00221325.1963.10532730>.
- de Waal, F. B. , & Suchak, M. (2010). Prosocial primates: selfish and unselfish motivations. *Philos Trans R Soc Lond B Biol Sci*, 365(1553), 2711–2722. <https://doi.org/10.1098/rstb.2010.0119>.
- Debbane, M. , Badoud, D. , Sander, D. , Eliez, S. , Luyten, P. , & Vrticka, P. (2017). Brain activity underlying negative self- and other-perception in adolescents: the role of attachment-derived self-representations. *Cogn Affect Behav Neurosci*, 17(3), 554–576. <https://doi.org/10.3758/s13415-017-0497-9>.
- Debbané, M. , & Nolte, T. (2019). Contemporary neuroscientific research. In A. Bateman & P. Fonagy (Eds.), *Handbook of Mentalizing in Mental Health Practice* (2nd ed., pp. 21–35). Washington, DC: American Psychiatric Association Publishing.
- DeCasper, A. J. , & Fifer, V. P. (1980). Of human bonding: newborn prefer their mothers' voices. *Science*, 208, 208.
- Dell'Osso, L. , Massoni, L. , Battaglini, S. , De Felice, C. , Nardi, B. , Amatori, G. , Cremone, I. M. , & Carpita, B. (2023). Emotional dysregulation as a part of the autism spectrum continuum: a literature review from late childhood to adulthood. *Front Psychiatry*, 14, 1234518. <https://doi.org/10.3389/fpsyt.2023.1234518>
- Dennett, D. (1987). *The Intentional Stance*. Cambridge, MA: The MIT Press.
- Dettbarn, I. (2019). Video-Telefonie im Internet – die unheimliche Dritte – und Psychotherapie. *Psychoanalyse im Widerspruch*, 61, 8–26. <https://doi.org/10.30820/0941-5378-2019-1-8>.
- Deutsch, F. (1922). Psychoanalyse und Organkrankheiten. *Int Z Psychoanal*, 8, 290–306.
- Deutsch, F. (1926). Der gesunde und der kranke Körper in psychoanalytischer Betrachtung. *Int Z Psychoanal*, 12(3), 493–503.
- Deutsch, F. , & Murphy, W. F. (1955 [1964]-a). *The Clinical Interview – Volume One: Diagnosis. A Method of Teaching Associative Exploration* (4th ed.). New York: International Universities Press.
- Deutsch, F. , & Murphy, W. F. (1955 [1964]-b). *The Clinical Interview – Volume Two: Therapy. A method of Teaching Sector Psychotherapy*. New York: International Universities Press.
- Diehl, R. R. (2003). Posturales Tachykardiesyndrom. In Deutschland bislang zu selten diagnostiziert. *Dtsch Arztebl*, 100(43), B-2330–B-2335.
- Diez Grieser, M. T. , & Müller, R. (2018). *Mentalisieren mit Kindern und Jugendlichen*. Stuttgart: Klett-Cotta.
- Dornes, M. (1997). *Die frühe Kindheit*. Frankfurt am Main.: Fischer Taschenbuch Verlag.
- Duddu, V. , Isaac, M. K. , & Chaturvedi, S. K. (2003). Alexithymia in somatoform and depressive disorders. *J Psychosom Res*, 54(5), 435–438. www.ncbi.nlm.nih.gov/pubmed/12726899.
- Eckhardt, A. (1989). *Das Münchhausen-Syndrom. Formen der selbstmanipulierten Krankheit*. München: Urban & Schwarzenberg.
- Egle, U. T. (2016). Stressinduzierte Schmerzsyndrome. *Physioactive*, 1, 15–21.
- Egle, U. T. , Ecker-Egle, M.-L. , & Nickel, R. (2011). Fibromyalgie-Syndrom – eine Stressverarbeitungsstörung. *Schweiz Arch Neurol Psychiatr*, 162(8), 326–337.
- Egle, U. T. , Heim, C. , Strauß, B. , & Känel, R. (Eds.). (2020). *Psychosomatik – Evidenzbasiert – Neurobiologisch fundiert*. Stuttgart: Kohlhammer.
- Ehrental, J. C. (2019). Erfahrungsbasiertes Lernen psychodynamischer Interventionen. *Forum Psychoanal*, 35(4), 413–428.
- Eikelboom, E. M. , Tak, L. M. , Roest, A. M. , & Rosmalen, J. G. M. (2016). A systematic review and meta-analysis of the percentage of revised diagnoses in functional somatic symptoms. *J Psychosom Res*, 88, 60–66.
- Ekman, P. (2003). Emotions inside out. 130 years after Darwin's "the expression of the emotions in man and animal". *Ann N Y Acad Sci*, 1000, 1–6. www.ncbi.nlm.nih.gov/pubmed/15045707.
- Ekman, P. , Friesen, W. , & Ellsworth, P. (1972). *Emotion in the Human Face*. Oxford: Pergamon Press.

- Elias, L. J. , Succi, I. K. , Schaffler, M. D. , Foster, W. , Gradwell, M. A. , Bohic, M. , Fushiki, A. , Upadhyay, A. , Ejoh, L. L. , Schwark, R. , Frazer, R. , Bistis, B. , Burke, J. E. , Saltz, V. , Boyce, J. E. , Jhumka, A. , Costa, R. M. , Abaira, V. E. , & Abdus-Saboor, I. (2023). Touch neurons underlying dopaminergic pleasurable touch and sexual receptivity. *Cell*, 186, 1–14. <https://doi.org/10.1016/j.cell.2022.12.034>.
- Elias, N. (1939). Über den Prozeß der Zivilisation. Soziogenetische und psychogenetische Untersuchungen. Erster Band. Wandlungen des Verhaltens in den weltlichen Oberschichten des Abendlandes (Vol. 1). Basel: Verlag Haus zum Falken.
- Elias, N. (1994). *The Civilizing Process*. Oxford: Blackwell.
- Engel, G. L. , & Schmale, A. (1967). Psychoanalytic theory of somatic disorder. *J Am Psychoanal Assoc*, 15, 344–365.
- Ensink, K. , Biberdzic, M. , Normandin, L. , & Clarkin, J. (2015). A developmental psychopathology and neurobiological model of borderline personality disorder in adolescence. *J Infant Child Adolesc Psychother*, 14, 46–69.
- Fabregat, M. (2004). *Metaphors in Psychotherapy. From Affect to Mental Representations*. Saarbrücken: Philosophische Fakultät der Universität Saarland. <http://scidok.sulb.uni-saarland.de/volltexte/2004/417/>.
- Fabregat, M. , & Krause, R. (2008). Metaphern und Affekt: Zusammenwirken im therapeutischen Prozess. *Z Psychosom Med Psychother*, 54(1), 77–88. www.ncbi.nlm.nih.gov/pubmed/18325245.
- Fain, M. , & David, C. (1963). Aspects fonctionnels de la vie onirique. *Rev Franç Psychanal*, 27, 241–243.
- Fain, M. , David, C. , & Marty, P. (1964). Perspective psychosomatique sur la fonction des fantasmes. *Rev Franç Psychanal*, 28, 609–622.
- Federschmidt, H. (2017). Können somatische Erkrankungen einen “symbolischen Ausdrucksgehalt” besitzen? Überlegungen auf der Basis psychoneuroimmunologischer Zusammenhänge. *Ärztliche Psychotherapie*, 12(3), 163–169.
- Fenichel, O. (1945). The nature and classification of the so-called psychosomatic phenomena. *Psychoanal Q*, 14, 287–312.
- Fiedler, A. , Hömberg, R. , Oessenich-Lücke, U. , Sahm, S. , Venrath, D. , & Schultz-Venrath, U. (2011). Körperpsychotherapie(n) und Mentalisieren: Wahrnehmen – Vernetzen – Integrieren. In U. Schultz-Venrath (Hrsg.), *Psychotherapien in Tageskliniken. Methoden, Konzepte, Strukturen* (pp. 119–150). Berlin: Medizinisch Wissenschaftliche Verlagsgesellschaft.
- Fischer-Homberger, E. (1975). *Die traumatische Neurose. Vom somatischen zum sozialen Leiden*. Bern: Huber.
- Fonagy, P. (1991). Thinking about thinking: some clinical and theoretical considerations in the treatment of a borderline patient. *Int J Psychoanal*, 72, 639–656.
- Fonagy, P. (2008). A genuinely developmental theory of sexual enjoyment and its implications for psychoanalytic technique. *J Am Psychoanal Assoc*, 56(1), 11–36. <https://doi.org/10.1177/0003065107313025>.
- Fonagy, P. (2022). Mentalisation based treatment and psychoanalysis. *Gruppenpsychother. Gruppendynamik*, 58, 205–215.
- Fonagy, P. , & Allison, E. (2015). The role of mentalizing and epistemic trust in the therapeutic relationship. *Psychotherapy*, 51(3), 372–380.
- Fonagy, P. , & Bateman, A. (2019). Introduction. In A. Bateman & P. Fonagy (Eds.), *Handbook of Mentalizing in Mental Health Practice* (2nd ed., pp. 3–20). Washington, DC: American Psychiatric Association Publishing.
- Fonagy, P. , & Campbell, C. (2017). What touch can communicate: commentary on “mentalizing homeostasis: the social origins of interoceptive inference” by Fotopoulou and Tsakiris. *Neuropsychoanalysis*, 19, 39–42.
- Fonagy, P. , Gergely, G. , Jurist, E. L. , & Target, M. (2002 [2004]). *Affect Regulation, Mentalization and the Development of the Self*. London: Karnac.
- Fonagy, P. , Luyten, P. , Allison, E. , & Campbell, C. (2019). Mentalizing, epistemic trust and the phenomenology of psychotherapy. *Psychopathology*, 1–10. <https://doi.org/10.1159/000501526>.
- Fonagy, P. , & Moran, G. S. (1990). Severe developmental psychopathology and brittle diabetes: the motivation for self-injurious behaviour. *Bull Anna Freud Centre*, 13, 231–248.
- Fonagy, P. , & Nolte, T. (Hrsg.). (2023). *Epistemisches Vertrauen – Vom Konzept zur Anwendung in Psychotherapie und psychosozialer Beratung*. Stuttgart: Klett-Cotta.

- Fonagy, P. , Roussov, T. , Sharp, C. , Bateman, A. W. , Allison, L. , & Farrar, C. (2014). Mentalization-based treatment for adolescents with borderline traits. In C. Sharp & J. L. Tackett (Eds.), *Handbook of Borderline Personality Disorder in Children and Adolescents* (pp. 313–332). New York: Springer.
- Fonagy, P. , Steele, H. , & Steele, M. (1991). Maternal representations of attachment during pregnancy predict the organization of infant-mother attachment at one year of age. *Child Dev*, 62(5), 891–905. www.ncbi.nlm.nih.gov/pubmed/1756665.
- Fonagy, P. , Steele, M. , Steele, H. , Leigh, T. , Kennedy, R. , Mattoon, G. , & Target, M. (1995). Attachment, the reflective self, and borderline states: the predictive specificity of the adult attachment interview and pathological emotional development. In S. Goldberg , R. Muir , & J. Kerr (Eds.), *Attachment Theory: Social, Developmental, and Clinical Perspectives* (pp. 233–279). Hillsdale, NJ: Analytic Press.
- Fonagy, P. , & Target, M. (2003). *Psychoanalytic Theories – Perspectives from Developmental Psychopathology*. London: Routledge.
- Fonagy, P. , & Target, M. (2007). Attachment and reflective function: their role in self-organization. *Dev Psychopathol*, 9, 679–700.
- Fotopoulou, A. , & Tsakiris, M. (2017). Mentalizing homeostasis: the social origins of interoceptive inference. *Neuropsychanalysis*, 19(1), 3–28. <https://doi.org/10.1080/15294145.2017.1294031>.
- Foulkes, S. H. , & Anthony, E. J. (1965). *Group Psychotherapy – The Psychoanalytic Approach*. (2nd ed.). London: Maresfield Reprints.
- Fraley, R. C. , Roisman, G. I. , Booth-LaForce, C. , Owen, M. T. , & Holland, A. S. (2013). Interpersonal and genetic origins of adult attachment styles: a longitudinal study from infancy to early adulthood. *J Pers Soc Psychol*, 104(5), 817–838. <https://doi.org/10.1037/a0031435>.
- Frances, A. , & Chapman, S. (2013). DSM-5 somatic symptom disorder mislabels medical illness as mental disorder. *Aust N Z J Psychiatry*, 47, 483–484.
- Franke, P. , Schleu, A. , Hillebrand, V. , Welther, M. , & Strauß, B. (2016). Beschwerden über Fehlverhalten in der Psychotherapie, Teil 1. Quantitative und qualitative Analyse der Dokumentation des Vereins Ethik in der Psychotherapie 2006–2015. *Psychotherapeut*, 61(6), 507–515.
- Frenkel-Brunswik, E. (1949). Intolerance of ambiguity as an emotional and perceptual personality variable. *J Personality*, 18, 108–143. <https://doi.org/10.1111/j.1467-6494.1949.tb01236.x>
- Freud, S. (1888b). *Hysterie und Hysteroepilepsie* (GW Nachtr., pp. 72–92). Frankfurt am Main: S. Fischer.
- Freud, S. (1894). On the grounds for detaching a particular syndrome from neurasthenia under the description 'anxiety neurosis'. In J. Strachey , A. Freud , A. Strachey , & A. Tyson (Eds.), *The Standard Edition of the Complete Psychological Works of Sigmund Freud* (Vol. III, pp. 85–115). London: Hogarth Press.
- Freud, S. (1894a). Die Abwehr-Neuropsychosen. Versuch einer psychologischen Theorie der erworbenen Hysterie, vieler Phobien und Zwangsvorstellungen und gewisser hallucinatorischer Psychosen. In GW I (pp. 59–74). Frankfurt am Main: Fischer.
- Freud, S. (1895b). Über die Berechtigung, von der Neurasthenie einen bestimmten Symptomenkomplex als "Angstneurose" abzutrennen. *Neurol Centralbl*, 14, 50–66.
- Freud, S. (1897). Abstracts of the scientific writings of Dr. Sigm. Freud 1877–1897. In J. Strachey , A. Freud , A. Strachey , & A. Tyson (Eds.), *The Standard Edition of the Complete Psychological Works of Sigmund Freud* (Vol. III, pp. 223–257). London: Hogarth Press.
- Freud, S. (1905 [1953]). Fragment of an analysis of a case of hysteria. In J. Strachey , A. Freud , A. Strachey , & A. Tyson (Eds.), *The Standard Edition of the Complete Psychological Works of Sigmund Freud* (Vol. VII, pp. 1–122). London: Hogarth Press.
- Freud, S. (1905d). Drei Abhandlungen zur Sexualtheorie. In GW Bd. V (pp. 27–145). Frankfurt am Main: S. Fischer.
- Freud, S. (1910). The psycho-analytic view of psychogenic disturbance of vision. In J. Strachey , A. Freud , A. Strachey , & A. Tyson (Eds.), *The Standard Edition of the Complete Psychological Works of Sigmund Freud* (Vol. XI, pp. 209–218). London: Hogarth Press.
- Freud, S. (1912e). Ratschläge für den Arzt bei der psychoanalytischen Behandlung. In GW Bd. VIII (pp. 376–387). Frankfurt am Main: S. Fischer.

- Freud, S. (1915c). Triebe und Tribschicksale. In GW 10 (pp. 210–232). Frankfurt am Main: S. Fischer.
- Freud, S. (1917). Introductory lectures on psycho-analysis. In J. Strachey , A. Freud , A. Strachey , & A. Tyson (Eds.), *The Standard Edition of the Complete Psychological Works of Sigmund Freud* (Vol. XVI, pp. 241–463). London: Hogarth Press.
- Freud, S. (1921c). Massenpsychologie und Ich-Analyse. In GW 13 (pp. 71–161). Frankfurt am Main: S. Fischer.
- Freud, S. (1923). The ego and the id. In *The Standard Edition of the Complete Psychological Works of Sigmund Freud* (Vol. XIX, pp. 1–66). London: Hogarth Press.
- Freud, S. (1923b). Das Ich und das Es. In *Gesammelte Werke* (GW XIII, pp. 237–289). Frankfurt am Main: Fischer.
- Freud, S. (1955). *Studies on Hysteria* (Vol. II). London: Hogarth Press.
- Freud, S. , & Breuer, J. (1895d). Studien über Hysterie. *Gesammelte Werke I*. In *Gesammelte Werke* (Vol. 1, pp. 75–312). Frankfurt am Main: S. Fischer.
- Friedman, M. , & Rosenman, R. H. (1971). Type A behavior pattern: its association with coronary heart disease. *Ann Clin Res*, 3(6), 300–312. www.ncbi.nlm.nih.gov/pubmed/5156890.
- Friedman, R. (2007). In der Gruppenanalyse heilen die Störungen einander – eine Beziehungsperspektive. *Psychosozial*, 107, 57–76.
- Friston, K. J. (2017). Self-evidencing babies: commentary on “mentalizing homeostasis: the social origins of interoceptive inference” by Fotopoulou and Tsakiris. *Neuropsychoanalysis*, 19, 43–47.
- Fromm-Reichmann, F. (1950). *Principles of Intensive Psychotherapy*. Cambridge: Cambridge University Press.
- Fuchs, T. (1995). Coenästhesie. Zur Geschichte des Gemeingefühls. *Z Klin Psychol Psychother*, 43, 103–112.
- Fuchs, T. (2017a). *Das Gehirn – ein Beziehungsorgan. Eine ohänomenologisch-ökologische Konzeption* (5. akt. und erw. Aufl.). Stuttgart: Kohlhammer.
- Fuchs, T. (2017b). Embodiment – Verkörperung, Gefühl und Leibgedächtnis. *Psychoanalyse im Widerspruch*, 57(29 (1)), 9–28.
- Fuchs, T. (2018a). *Ecology of the Brain: The Phenomenology and Biology of the Embodied Mind*. Oxford: Oxford University Press.
- Fuchs, T. (2018b). Zwischenleibliche Resonanz und Interaffektivität. *PPT – Persönlichkeitsstörungen*, 17, 211–221.
- Gaddini, E. (1969). On imitation. *Int J Psychoanal*, 50, 475–484.
- Gaddini, E. (1981a). Note sul problema mente-corpo. *Riv Psicoanal*, 27(1), 3–29.
- Gaddini, E. (1981b [1998]). Bemerkungen zum Psyche-Soma-Problem. In G. Jappe & B. Strehlow (Hrsg.), Eugenio Gaddini: “Das Ich ist vor allem ein Körperliches”. Beiträge zur Psychoanalyse der ersten Strukturen (pp. 21–51). Tübingen: Edition Diskord.
- Gaddini, E. (1998). Die präsymbolische Aktivität der kindlichen Psyche. In G. Jappe & B. Strehlow (Hrsg.), Eugenio Gaddini: “Das Ich ist vor allem ein Körperliches. Beiträge zur Psychoanalyse der ersten Strukturen (pp. 198–215). Tübingen: Edition Diskord.
- Gaddini, R. , & Gaddini, E. (1970). Transitional objects and the process of individuation: a study in three different social groups. *J Am Acad Child Psychiatry*, 9(2), 347–365.
- Gallagher, S. (2005). *How the Body Shapes the Mind*. Oxford: Oxford University Press.
- Gallegos, M. , Martino, P. , Caycho-Rodriguez, T. , Calandra, M. , Razumovskiy, A. , Arias-Gallegos, W. L. , Castro-Pecanha, V. , & Cervigni, M. (2022). What is post-COVID-19 syndrome? Definition and update (Que es el síndrome pos-COVID-19? Definición y actualización). *Gac Med Mex*, 158(6), 442–446. <https://doi.org/10.24875/GMM.M22000725>.
- Gallese, V. , & Caruana, F. (2016). Embodied simulation: beyond the expression/experience dualism of emotions. *Trends Cogn Sci*, 1. <https://doi.org/10.1016/j.tics.2016.03.010>.
- Ganser, G. (2017). *Hundegestützte Psychotherapie. Einbindung eines Hundes in die psychotherapeutische Praxis*. Stuttgart: Schattauer.
- Ganslev, C. A. , Storebø, O. J. , Callesen, H. E. , Ruddy, R. , & Søggaard, U. (2020). Psychosocial interventions for conversion and dissociative disorders in adults. *Cochrane Database Syst Rev* (7). <https://doi.org/10.1002/14651858.CD005331.pub3>.
- Geißler, P. , & Heisterkamp, G. (2007). *Psychoanalyse der Lebensbewegungen. Zum körperlichen Geschehen in der psychoanalytischen Therapie*. In P. Geißler & G. Heisterkamp (Hrsg.), *Ein Lehrbuch*. Wien and New York: Springer.

- Geisthövel, A. , & Hitzer, B. (Eds.). (2019). *Auf der Suche nach einer anderen Medizin – Psychosomatik im 20. Jahrhundert*. Berlin: Suhrkamp.
- Gendlin, E. T. (1991). Thinking beyond patterns: body, language, and situations. In B. den Ouden & M. Moen (Eds.), *The Presence of Feeling in Thought* (pp. 21–151). New York: Peter Lang.
- Gergely, G. (2005). The obscure object of desire-‘Nearly, but clearly not, like me’: contingency preference in normal children versus children with autism. *Bull Menninger Clin*, 65(3). <https://doi.org/https://doi.org/10.1521/bumc.65.3.411.19853>.
- Gergely, G. , & Unoka, Z. (2008a). Attachment and mentalization in humans. The development of the affective self. In E. L. Jurist, A. Slade, & S. Bergner (Eds.), *Mind to Mind. Infant Research, Neuroscience, and Psychoanalysis* (pp. 50–87). New York: Other Press.
- Gergely, G. , & Unoka, Z. (2008b). The development of the unreflective self. In F. N. Busch (Ed.), *Mentalization. Theoretical Considerations, Research Findings, and Clinical Implications* (pp. 57–102). London: Taylor & Francis.
- Gergely, G. , & Watson, J. S. (1996). The social biofeedback theory of parental affect-mirroring: the development of emotional self-awareness and self-control in infancy. *Int J Psychoanal*, 77(6), 1181–1212. www.ncbi.nlm.nih.gov/pubmed/9119582.
- Gergely, G. , & Watson, J. S. (1999 [2014]). Early socio-emotional development: contingency perception and the social-biofeedback model. In P. Rochat (Ed.), *Early Social Cognition – Understanding Others in the First Months of Life*. London: Taylor & Francis, Psychology Press.
- Giedd, J. N. (2003). The anatomy of mentalization: a view from developmental neuroimaging. *Bull Menninger Clin*, 67(2), 132–142. www.ncbi.nlm.nih.gov/pubmed/14604098.
- Giedd, J. N. (2004). Structural magnetic resonance imaging of the adolescent brain. *Ann N Y Acad Sci*, 1021, 77–85. <https://doi.org/10.1196/annals.1308.009>.
- Giedd, J. N. , Blumenthal, J. , Jeffries, N. O. , Castellanos, F. X. , Liu, H. , Zijdenbos, A. , Paus, T. , Evans, A. C. , & Rapoport, J. L. (1999). Brain development during childhood and adolescence: a longitudinal MRI study. *Nat Neurosci*, 2(10), 861–863. <https://doi.org/10.1038/13158>.
- Gleichgerricht, E. , & Decety, J. (2013). Empathy in clinical practice: how individual dispositions, gender, and experience moderate empathic concern, burnout, and emotional distress in physicians. *PLoS One*, 8(4), e61526. <https://doi.org/10.1371/journal.pone.0061526>.
- Gleichmann, P. R. (1979). Die Verhäuslichung körperlicher Verrichtungen. In P. Gleichmann, J. Goudsblom, & H. Korte (Hrsg.), *Materialien zu Norbert Elias’ Zivilisationstheorie* (pp. 254–278). Frankfurt am Main: Suhrkamp.
- Goddard, G. V. , & McIntyre, D. D. (1972). Some properties of a lasting epileptogenic trace kindled by repeated electrical stimulation of the amygdala in mammals. In L. V. Lattinen & K. E. Livingston (Eds.), *Surgical Approaches in Psychiatry* (pp. 109–117). Baltimore, MD: University Park Press.
- Goldstein, E. , McDonnell, C. , Atchley, R. , Dorado, K. , Bedford, C. , Brown, R. L. , & Zgierska, A. E. (2019). The impact of psychological interventions on posttraumatic stress disorder and pain symptoms: a systematic review and meta-analysis. *Clin J Pain*, 35(8), 703–712. <https://doi.org/10.1097/ajp.0000000000000730>.
- Gopnik, A. , Capps, L. , & Meltzoff, A. N. (1993 [2000]). Early theories of mind: what the theory theory can tell us about autism. In S. Baron-Cohen , H. Tager-Flusberg , & D. J. Cohen (Eds.), *Understanding Other Minds. Perspectives from Developmental Cognitive Neuroscience* (pp. 50–72). Oxford: Oxford University Press.
- Gowers, W. R. (1904). A lecture on lumbago: its lessons and analogues: delivered at the national hospital for the paralysed and epileptic. *Br Med J*, 1(2246), 117–121. www.ncbi.nlm.nih.gov/pubmed/20761312.
- Grabe, H. J. , Rainermann, S. , Spitzer, C. , Gansicke, M. , & Freyberger, H. J. (2000). The relationship between dimensions of alexithymia and dissociation. *Psychother Psychosom*, 69(3), 128–131. <https://doi.org/10.1159/000012380>.
- Greco, M. (2000). Homo Vacuus: Alexithymie und das neoliberale Gebot des Selbstseins. In U. Bröckling, S. Krasmann, & T. Lemke (Hrsg.), *Gouvernementalität der Gegenwart* (pp. 265–285). Frankfurt am Main: Suhrkamp.
- Green, A. (1983). *Narcissisme de vie, narcissisme de mort*. Paris: Minuit.
- Green, A. (1993). Die tote Mutter. *Psyche – Z Psychoanal*, 47, 205–240.

- Green, A. (2017). *Illusionen und Desillusion der psychoanalytischen Arbeit*. Frankfurt am Main: Brandes & Apsel.
- Greenberg, L. (2015). *Emotion-Focused Therapy: Coaching Clients to Work Through Their Feelings* (2nd ed.). Washington, DC: American Psychological Association.
- Gretenkord, S. , Kostka, J. K. , Hartung, H. , Watznauer, K. , Fleck, D. , Minier-Toribio, A. , Spehr, M. , & Hanganu-Opatz, I. L. (2019). Coordinated electrical activity in the olfactory bulb gates the oscillatory entrainment of entorhinal networks in neonatal mice. *PLoS Biol*, 17(1), e2006994. <https://doi.org/10.1371/journal.pbio.2006994>.
- Grosse Wiesmann, C. , Friederici, A. D. , Singer, T. , & Steinbeise, N. (2020). Two systems for thinking about others' thoughts in the developing brain. *PNAS*, 117(12), 6928–6935.
- Grossmann, K. E. , Grossmann, K. E. , & Waters, E. (Eds.). (2006). *Attachment from Infancy to Adulthood. The Major Longitudinal Studies*. New York and London: Guilford.
- Grünewald-Zemisch, G. (2019). *Die psychoanalytische Ausbildungssupervision – "Thinking under fire". Geschichte, Methoden und Konflikte*. Gießen: Psychosozial Verlag.
- Grynberg, D. , & Pollatos, O. (2015). Alexithymia modulates the experience of the rubber hand illusion. *Front Hum Neurosci*, 9, 357. <https://doi.org/10.3389/fnhum.2015.00357>.
- Gubb, K. (2013). Psychosomatics today: a review of contemporary theory and practice. *Psychanal Rev*, 100(1), 103–142.
- Gündel, H. , Ceballos-Baumann, A. O. , & von Rad, M. (2000). Aktuelle Perspektiven der Alexithymie. *Nervenarzt*, 71(3), 151–163.
- Gurevich, H. (2008). The language of absence. *Int J Psychoanal*, 89, 561–578.
- Gutwinski-Jeggle, J. (2017). *Unsichtbares sehen – Unsagbares sagen. Unbewusste Prozesse in der psychoanalytischen Begegnung*. Gießen: Psychosozial-Verlag.
- Gypas, R. (2021). Gruppenpsychotherapie bei Argstpatienten in einer Tagesklinik – Einfluss der Mentalisierungsfähigkeit auf den Behandlungsverlauf. Fakultät für Gesundheit, Witten: Universität Witten/Herdecke.
- Hadar, B. (2008). The body of shame in the circle of the group. *Group Anal*, 41(2), 163–179.
- Ham, J. , & Tronick, E. (2006). Infant resilience to the stress of the still-face: infant and maternal psychophysiology are related. *Ann N Y Acad Sci*, 1094, 297–302. <https://doi.org/10.1196/annals.1376.038>.
- Ham, J. , & Tronick, E. (2009). Relational psychophysiology: lessons from mother-infant physiology research on dyadically expanded states of consciousness. *Psychother Res*, 19(6), 619–632. <https://doi.org/10.1080/10503300802609672>.
- Hamlin, P. G. (1943). Camptocormia: hysterical bent back of soldiers. Report of two cases. *Mil Surg*, 92, 295–300.
- Hartmann, M. , Finkenzeller, C. , Boehlen, F. H. , Wagenlechner, P. , Peters-Klimm, F. , & Herzog, W. (2018). Psychosomatische Sprechstunde in der Hausarztpraxis – ein neues Kooperationsmodell von Psychosomatik und Allgemeinmedizin. *PPmP – Psychosomatik Psychotherapie Medizinische Psychologie* (8). <https://doi.org/10.1055/a-0668-1019>.
- Hartung, T. , & Steinbrecher, M. (2018). From somatic pain to psychic pain: the body in the psychoanalytic field. *Int J Psychoanal*, 99(1), 159–180. <https://doi.org/10.1111/1745-8315.12651>.
- Haslam-Hopwood, G. T. G. , Allen, J. G. , Stein, A. , & Bleiberg, E. (2006). Enhancing mentalizing through psycho-education. In J. G. Allen & P. Fonagy (Eds.), *Handbook of Mentalization-Based Treatment* (pp. 249–267). Chichester: John Wiley & Sons.
- Hausberg, M. C. , Schulz, H. , Piegler, T. , Happach, C. G. , Klopper, M. , Brutt, A. L. , Sammet, I. , & Andreas, S. (2012). Is a self-rated instrument appropriate to assess mentalization in patients with mental disorders? Development and first validation of the mentalization questionnaire (MZQ). *Psychother Res*, 22(6), 699–709. <https://doi.org/10.1080/10503307.2012.709325>.
- Hausteiner-Wiehle, C. , Henningsen, P. , Häuser, W. , Herrmann, M. , Ronel, J. , Sattel, H. , & Schäfer, R. (2013). *Umgang mit Patienten mit nicht-spezifischen, funktionellen und somatoformen Körperbeschwerden: S3-Leitlinien mit Quellentexten, Praxismaterialien und Patientenleitlinie*. Stuttgart: Schattauer.
- Hausteiner-Wiehle, C. , & Hungerer, S. (2020). Factitious disorders in everyday clinical practice. *Dtsch Arztebl*, 117, 452–459. <https://doi.org/10.3228/aerztebl.2020.0452>.
- Hausteiner-Wiehle, C. , & Sokollu, F. (2011). Magical thinking in somatoform disorders: an exploratory study among patients with suspected allergies. *Psychopathology*, 44(5), 283–288.

<https://doi.org/000322795> [pii];10.1159/000322795.

- Hecke, D. , Brand, T. , Rietz, C. , & Schultz-Venrath, U. (2016). Prozess-Outcome-Studie zum Gruppenklima in psychodynamischer (PDGT) und mentalisierungsbasierter Gruppenpsychotherapie (MBT-G) in einem tagesklinischen Setting – Was verändert wen? *Gruppenpsychother Gruppensdynamik*, 52(2), 175–193.
- Hecker, E. (1893). Ueber larvirte und abortive Angstzustände bei Neurasthenie. *Centralbl Neurol Psychiat*, 16, 565–572.
- Heim, C. , Young, L. J. , Newport, D. J. , Mletzko, T. , Miller, A. H. , & Nemeroff, C. B. (2009). Lower CSF oxytocin concentrations in women with a history of childhood abuse. *Mol Psychiatry*, 14, 954–958. <https://doi.org/mp2008112> [pii];10.1038/mp.2008.112.
- Henningsen, P. (2003). Der Kampf um Schmerz: Gesprächsanalyse zur interpersonellen Repräsentanz somatoformer Schmerzen. *Psychother Soz*, 5(3), 194–202.
- Henningsen, P. (2021). *Allgemeine Psychosomatische Medizin. Krankheiten des verkörperten Selbst im 21. Jahrhundert*. Berlin: Springer.
- Henningsen, P. (2023, February 22). Cancel Culture in der Medizin. Viel mehr als nur Biologie: Bei der Therapie von Syndromen wie Long Covid könnte die Psychosomatik einen wichtigen Beitrag leisten – wenn man sie denn ließe. München: Süddeutsche Zeitung.
- Henrich, J. (2020). *The Weirdest People in the World: How the West Became Psychologically Peculiar and Particularly Prosperous*. New York: Allen Lane, Penguin Random House.
- Henrich, J. , Heine, S. J. , & Norenzayan, A. (2010). Most people are not WEIRD. *Nature*, 466(7302), 29. <https://doi.org/10.1038/466029a>.
- Hielscher, E. , Whitford, T. J. , Scott, J. G. , & Zopf, R. (2019). When the body is the target – representations of one's own body and bodily sensations in self-harm: a systematic review. *Neurosci Biobehav Rev*, 101, 85–112. <https://doi.org/10.1016/j.neubiorev.2019.03.007>.
- Hill, D. (2015). *Affect Regulation Theory – A Clinical Model*. New York and London: Norton & Company.
- Hiller, W. , & Rief, W. (2014). Die Abschaffung der somatoformen Störungen durch DSM-5 – ein akademischer Schildbürgerstreich? *Psychotherapeut*, 59, 448–455. <https://doi.org/https://doi.org/10.1007/s00278-014-1081-1>.
- Hiller, W. , Rief, W. , & Brähler, E. (2006). Somatization in the population: from mild bodily misperceptions to disabling symptoms. *Soc Psychiatry Psychiatr Epidemiol*, 41(9), 704–712. <https://doi.org/10.1007/s00127-006-0082-y>.
- Hirschmüller, A. , & Kimmig, R. (1996). "Pénétration pacifique"? Zur Rezeption der Psychoanalyse in der deutschen Psychiatrie der zwanziger Jahre. *Fundamenta Psychiatrica*, 10, 67–72.
- Hoff, H. , Ringel, E. , Cremerius, J. , Elhardt, S. , Hose, W. , Klüwer, R. , Seitz, W. , Jores, A. , Schultz, J. H. , Baumeier, F. , Kühnel, G. , Schwidder, W. , & Binswanger, H. (1958). *Stellungnahmen zum Problem der Spezifität der Persönlichkeitstypen und der Konflikte in der psycho-somatischen Medizin*. *Psychosom Med*, 4, 168–186.
- Hoffmann, S. O. , & Eckhardt-Henn, A. (2017). Konversion, Dissoziation und Somatisierung – Abgrenzbare dynamische Modelle mit Schnittmenge. In A. Eckhardt-Henn & C. Spitzer (Hrsg.), *Dissoziative Bewusstseinsstörungen. Grundlagen – Klinik – Therapie* (pp. 23–44). Stuttgart: Schattauer.
- Holmes, G. P. , Kaplan, J. E. , Gantz, N. M. , Komaroff, A. L. , Schonberger, L. B. , Straus, S. E. , Jones, J. F. , Dubois, R. E. , Cunningham-Rundles, C. , & Pahwa, S. (1988). Chronic fatigue syndrome: a working case definition. *Ann Intern Med*, 108(3), 387–389. www.ncbi.nlm.nih.gov/pubmed/2829679.
- Holodynski, M. (2006). *Emotionen – Entwicklung und Regulation*. Heidelberg: Springer Medizin Verlag.
- Hrdy, S. B. (2000). *Mother Nature: Maternal Instincts and How They Shape the Human Species*. New York, NY: Ballantine Books.
- Husserl, E. (1900 [1922]). *Logische Untersuchungen*. Halle: Niemeyer.
- Husserl, E. (1973). *Zur Phänomenologie der Intersubjektivität: Texte aus dem Nachlass; Zweiter Teil, 1921–1928. Husserliana XIV. Kern: Martinus Nijhoff*.
- Jackson, J. C. , Watts, J. , Henry, T. R. , List, J. M. , Forkel, R. , Mucha, P. J. , Greenhill, S. J. , Gray, R. D. , & Lindquist, K. A. (2019). Emotion semantics show both cultural variation and universal structure. *Science*, 366(6472), 1517–1522. <https://doi.org/10.1126/science.aaw8160>.

- Jacobs, T. J. (1973). Posture, gesture, and movement in the analyst: cues to interpretation and countertransference. *J Am Psychoanal Assoc*, 21, 77–92.
- Jaeger, P. (2019). The ideas of the Paris Psychosomatic School. *Int J Psychoanal*, 100(4), 754–768. <https://doi.org/10.1080/00207578.2019.1590779>.
- Jank, R., Liegl, G., Böckle, M., Vockner, B., & Pieh, C. (2017). Häufigkeit somatoformer Syndrome in der Allgemeinmedizin. *Z Psychosom Med Psychother*, 63, 202–212.
- Janneck, M., & Krenz, I. (2018). Mustererkennung und diagnostische Fehler. In U. Lamparter & H. U. Schmidt (Hrsg.), *Wirklich psychisch bedingt? Somatische Differenzialdiagnosen in der Psychosomatischen Medizin und Psychotherapie*. Stuttgart: Schattauer.
- Janssen, P. L. (2017). *Als Psychoanalytiker in der Psychosomatischen Medizin. Eine persönliche berufspolitische Geschichte der Psychotherapien, Psychiatrie und Psychosomatik*. Gießen: Psychosozial-Verlag.
- Janssen, P. L., & Wienen, G. (1995). Group analysis with ulcerative colitis and regional ileitis: the discovery of the scream. *Group Anal*, 28, 87–96.
- Jappe, G., & Strehlow, B. (Hrsg.). (1998). Eugenio Gaddini: "Das Ich ist vor allem ein körperliches" – Beiträge zur Psychoanalyse der ersten Strukturen. Tübingen: Edition Diskord.
- Jensen, T. W., Høgenhaug, S. S., Kjølbye, M., & Bloch, M. S. (2021). Mentalizing bodies: explicit mentalizing without words in psychotherapy. *Front Psychol*, 12, 577702. <https://doi.org/10.3389/fpsyg.2021.577702>.
- Joksimovic, L., Bergstein, V., & Rademacher, J. (2019). *Mentalisierungsbasierte Psychotherapie und Beratung von Geflüchteten. Grundlagen und Interventionen für die Praxis*. Stuttgart: Kohlhammer.
- Jurist, E. (2018). *Minding Emotions – Cultivating Mentalization in Psychotherapy*. New York and London: Guilford.
- Jurist, E. (2022). Mentalizing from/to/with the body. In J. Mills (Ed.), *Psychoanalysis and the Mind-Body Problem* (pp. 186–203). Milton Park and New York: Routledge.
- Karterud, S. (2015a). *Mentalization-Based Group Therapy (MBT-G)*. Oxford: Oxford University Press.
- Karterud, S. (2015b). On structure and leadership in MBT-G and group analysis. *Group Anal*, 48(2), 137–149.
- Karterud, S., Folmo, E., & Kongerslev, M. T. (2019). Personality and the group matrix. *Group Anal*, 52(4), 503–519. <https://doi.org/10.1177/0533316418824210>.
- Katz, L. F., & Windecker-Nelson, B. (2004). Parental meta-emotion philosophy in families with conduct-problem children: links with peer relations. *J Abnorm Child Psychol*, 32(4), 385–398. <https://doi.org/10.1023/b:jacp.0000030292.36168.30>.
- Katznelson, H. (2014). Reflective functioning: a review. *Clin Psychol Rev*, 34(2), 107–117. <https://doi.org/10.1016/j.cpr.2013.12.003>.
- Kazantzakis, N. (1965). *Report to Greco*. New York: Simon & Schuster.
- Kealy, D., Rice, S. M., Ogrodniczuk, J. S., & Cox, D. W. (2018). Investigating the link between pathological narcissism and somatization. *J Nerv Ment Dis*, 206(12), 964–967. <https://doi.org/10.1097/nmd.0000000000000903>.
- Keller, H. (2014 [2018]). Introduction: understanding relationships – what we would need to know to conceptualize attachment as the cultural solution of a universal developmental task. In H. Otto & H. Keller (Eds.), *Different Faces of Attachment. Cultural Variations on a Universal Human Need*. Cambridge: Cambridge University Press.
- Keller, H. (2017). Cultural and historical diversity in early relationship formation. *Eur J Dev Psychol*, 14(6), 700–713. <https://doi.org/10.1080>.
- Kestenberg, J. S. (1971). From organ-object imagery to self and object representation. In J. B. McDewitt & C. F. Settlage (Eds.), *Separation – Individuation. Essays in Honor of Margaret S. Mahler* (pp. 75–99). New York, NY: International Universities Press.
- Kinnaird, E., Stewart, C., & Tchanturia, K. (2019). Investigating alexithymia in autism: a systematic review and meta-analysis. *Eur Psychiatry*, 55, 80–89. <https://doi.org/10.1016/j.eurpsy.2018.09.004>.
- Kirmayer, L. J., & Ramstead, M. J. D. (2017). Embodiment and enactment in cultural psychiatry. In C. Durt, T. Fuchs, & C. Tewes (Eds.), *Embodiment, Enaction, and Culture* (pp. 397–422). Cambridge, MA and London: The MIT Press.
- Klüwer, B. (2011). Psychotherapie mit dem Pferd – Bindungsrelevante Wahrnehmungsübungen auf körpersprachlicher Ebene. In U. Schultz-Venrath (Hrsg.), *Psychotherapien in Tageskliniken*.

Methoden, Konzepte, Strukturen (pp. 151–165). Berlin: Medizinisch Wissenschaftliche Verlagsgesellschaft.

Kobylińska-Dehe, E. (2019). Vom Leib zum phantasmatischen Körper – Bewegung, Berührung, Phantasie. *Psyche – Z Psychoanal*, 73, 523–545. <https://doi.org/10.21706/ps-73-7-523>.

Koenig, A. M., Karabatsiakos, A., Stoll, T., Wilker, S., Hennessy, T., Hill, M. M., & Kolassa, I. T. (2018). Serum profile changes in postpartum women with a history of childhood maltreatment: a combined metabolite and lipid fingerprinting study. *Sci Rep*, 8(1), 3468. <https://doi.org/10.1038/s41598-018-21763-6>.

Koerfer, A., Köhle, K., & Obliers, R. (1994). Zur Evaluation von Arzt-Patienten-Kommunikation. Perspektiven einer angewandten Diskursethik in der Medizin. In A. Redder & I. Wiese (Eds.), *Medizinische Kommunikation: Diskurspraxis, Diskursethik, Diskursanalyse* (pp. 53–116). Opladen: Westdeutscher Verlag.

Kollbrunner, J. (2001). *Der kranke Freud*. Stuttgart: Klett-Cotta.

Kovacs, A. M., Teglas, E., & Endress, A. D. (2010). The social sense: susceptibility to others' beliefs in human infants and adults. *Science*, 330(6012), 1830–1834. <https://doi.org/10.1126/science.1190792>.

Krause, R. (1983). Zur Onto- und Phylogenese des Affektsystems und ihrer Beziehungen zu psychischen Störungen. *Psyche – Z Psychoanal*, 37, 1016–1043.

Krause, R. (2012). *Allgemeine psychodynamische Behandlungs- und Krankheitslehre. Grundlagen und Modelle*. Stuttgart: Kohlhammer.

Krause, R. (2016). Auf der Suche nach dem "missing link" zwischen Analytiker und Analysand, ihren Körpern und ihrer gemeinsamen Seele. Oder wie ist der intersubjektive Raum konstruiert und tapeziert? In K. Nohr & S. Leikert (Hrsg.), *Zum Phänomen der Rührung in Psychoanalyse und Musik – Eine Publikation der Deutschen Gesellschaft für Psychoanalyse und Musik*. Gießen: Psychosozial-Verlag.

Kroll, S. (1932). Eine ungewöhnliche Somatisation. Eine geheime Todesklausele. *Psychoanal Praxis*, 2, 53.

Krystal, H. (1978). Trauma and affects. *Psychoanal Study Child*, 33, 81–116. www.ncbi.nlm.nih.gov/pubmed/715118.

Krystal, H. (1988). *Integration and Self Healing. Affect, Trauma and Alexithymia*. New York, NY: Hillsdale.

Küchenhoff, J. (2012). *Körper und Sprache. Theoretische und klinische Beiträge zu einem intersubjektiven Verständnis des Körpererlebens*. Gießen: Psychosozial-Verlag.

Küchenhoff, J. (2018). Scham und Beschämung – auch in psychoanalytischen Institutionen. *Forum der Psychoanalyse*, 34, 329–342. <https://doi.org/https://doi.org/10.1007/s00451-017-0293-8>.

Küchenhoff, J. (2019). Intercorporeity and body language: the semiotics of mental suffering expressed through the body. *Int J Psychoanal*, 100(4), 769–791. <https://doi.org/10.1080/00207578.2019.1590780>.

Kütemeyer, M., & Masuhr, K. F. (2013). Körperliche Empfindungen als Leitfaden der Diagnostik in der Psychiatrie, Neurologie und Psychosomatik. *Ärztliche Psychotherapie*, 8, 229–237.

Kütemeyer, M., Masuhr, K. F., & Schultz-Venrath, U. (2005). Kommunikative Anfallsunterbrechung – Zum ärztlichen Umgang mit Patienten im Status pseudoepilepticus. *Z Epileptol*, 18, 71–77.

Kütemeyer, M., & Schultz-Venrath, U. (1989). Frühe psychoanalytische Schmerzauffassungen. *PPmP – Psychosomatik Psychotherapie Medizinische Psychologie*, 39, 185–192.

Kütemeyer, M., & Schultz-Venrath, U. (1996). Neurologie. In R. H. Adler, J. M. Herrmann, K. Köhle, O. W. Schonecke, T. von Uexküll, & W. Wesiack (Hrsg.), *Psychosomatische Medizin* (5. Aufl., pp. 1067–1086). München: Urban & Schwarzenberg.

Kütemeyer, M., & Schultz-Venrath, U. (1997). Pictures of disease in neurology. In T. von Uexküll (Ed.), *Psychosomatic Medicine* (pp. 704–722). München: Urban & Schwarzenberg.

Lamparter, U., & Schmidt, H. U. (Hrsg.). (2018). *Wirklich psychisch bedingt? Somatische Differenzialdiagnosen in der Psychosomatischen Medizin und Psychotherapie*. Stuttgart: Schattauer.

Lancy, D. F. (2008). *The Anthropology of Childhood: Cherubs, Chattel, Changelings*. Cambridge: Cambridge University Press.

Landauer, K. (1991). *Theorie der Affekte und andere Schriften zur Ich-Organisation*, herausgegeben von Hans-Joachim Rothe. Frankfurt am Main: Fischer Taschenbuch Verlag.

- Lane, R. D. , & Schwartz, G. E. (1987). Levels of emotional awareness: a cognitive-developmental theory and its application psychopathology. *Am J Psychiatry*, 144, 113–143.
- Lane, R. D. , Weihs, K. L. , Herring, A. , Hishaw, A. , & Smith, R. (2015). Affective agnosia: expansion of the alexithymia construct and a new opportunity to integrate and extend Freud's legacy. *Neurosci Biobehav Rev*, 55, 594–611. <https://doi.org/10.1016/j.neubiorev.2015.06.007>.
- Lausberg, H. (2018). Selbstberührungen und andere nonverbale Zeichen im ärztlichen Gespräch. Non-, para- und verbale Kommunikationsaspekte. In J. Jünger (Hrsg.), *Ärztliche Kommunikation – Praxisbuch zum Masterplan Medizinstudium 2020* (pp. 64–69). Stuttgart: Schattauer.
- Lecours, S. , & Bouchard, M. A. (1997). Dimensions of mentalization: outlining levels of psychic transformation. *Int J Psychoanal*, 78(Pt 5), 855–875. www.ncbi.nlm.nih.gov/pubmed/9459091.
- LeDoux, J. (1996). *The Emotional Brain*. New York: Simon and Schuster.
- Lee Masson, H. , Pillot, I. , Amelynck, S. , Van De Plas, S. , Hendriks, M. , Op de Beeck, H. , & Boets, B. (2019). Intact neural representations of affective meaning of touch but lack of embodied resonance in autism: a multi-voxel pattern analysis study. *Mol Autism*, 10, 39. <https://doi.org/10.1186/s13229-019-0294-0>.
- Lee, Y. T. , & Tsai, S. J. (2010). The mirror neuron system may play a role in the pathogenesis of mass hysteria. *Med Hypotheses*, 74(2), 244–245. <https://doi.org/10.1016/j.mehy.2009.09.031>.
- Lehtonen, J. (2006). In search of the early mental organization of the infant: contributions from the neurophysiology of nursing. In M. Mancina (Ed.), *Psychoanalysis and Neuroscience* (pp. 419–431). New York: Springer.
- Leikert, S. (2016). Das kinästhetische Unbewusste in der psychoanalytischen Arbeit. Die Methode der freien Körperassoziation. In S. Walz-Pawlita, B. Unruh, & B. Janta (Hrsg.), *Körper-Sprachen* (pp. 153–166). Gießen: Psychosozial-Verlag.
- Leikert, S. (2019a). Das sinnliche Selbst: Körpergedächtnis und psychoanalytische Behandlungstechnik. Frankfurt am Main: Brandes & Apsel.
- Leikert, S. (2019b). Wie viel Body überträgt sich via Internet? Leibliche Aspekte der Behandlungstechniken im klassischen Setting und in der Teleanalyse. *Psychoanalyse im Widerspruch*, 61(31), 27–47.
- Leikert, S. (Hrsg.). (2022). *Das körperliche Unbewusste in der psychoanalytischen Behandlungstechnik*. Frankfurt am Main: Brandes & Apsel.
- Leikert, S. (2023). Die analytische Haltung und das körperliche Unbewusste. Bemerkungen zu einer Behandlung technischen Kontroverse. In B. Nissen, U. Zeitzschel, W. Hegener, & U. Karacaoglan (Hrsg.), *Jahrbuch der Psychoanalyse – Analytische Haltung im Umbruch?* (Vol. 86, pp. 37–65). Gießen: Psychosozial-Verlag.
- Leithner-Dziubas, K. , Bluml, V. , Naderer, A. , Tmej, A. , & Fischer-Kern, M. (2010). Mentalisierungsfähigkeit und Bindung bei Patientinnen mit chronischen Unterbauchschmerzen – eine Pilotstudie. *Z Psychosom Med Psychother*, 56(2), 179–190. www.ncbi.nlm.nih.gov/pubmed/20623462.
- Lemma, A. (2014). *Minding the Body. The Body in Psychoanalysis and Beyond*. London: Institute of Psychoanalysis.
- Leuschner, W. (2017). Paul Schilders Körperbild-Modell und der "body intercourse". *Psyche – Z Psychoanal*, 71(2), 123–150. <https://doi.org/10.21706/ps-71-2-123>.
- Leuzinger-Bohleber, M. , & Pfeifer, R. (2013). Embodiment: Den Körper in der Seele entdecken – Ein altes Problem und ein revolutionäres Konzept. Thematische Einführung und Überblick über die Beiträge dieses Bandes. In M. Leuzinger-Bohleber, R. N. Emde, & R. Pfeifer (Hrsg.), *Embodiment – Ein innovatives Konzept für Entwicklungsforschung und Psychoanalyse* (pp. 39–74). Göttingen: Vandenhoeck & Ruprecht.
- Leuzinger-Bohleber, M. , & Pfeifer, R. (2016). Embodiment. In S. Walz-Pawlita, B. Unruh, & B. Janta (Hrsg.), *Körper-Sprachen* (pp. 125–140). Gießen: Psychosozial-Verlag.
- Levine, H. B. , Reed, G. S. , & Scarfone, D. (2013). *Unrepresented States and the Construction of Meaning. Clinical and Theoretical Contributions*. London: Karnac.
- Levy, J. , & Feldman, R. (2019). Synchronous interactions foster empathy. *J Exp Neurosci*, 13, 1179069519865799. <https://doi.org/10.1177/1179069519865799>.
- Lieberman, M. D. (2007). Social cognitive neuroscience: a review of core processes. *Ann Rev Psychol*, 58, 1811–1831.

- Lind, A. B. , Delmar, C. , & Nielsen, K. (2014). Struggling in an emotional avoidance culture: a qualitative study of stress as a predisposing factor for somatoform disorders. *J Psychosom Res*, 76(2), 94–98. <https://doi.org/10.1016/j.jpsychores.2013.11.019>.
- Lissauer, H. (1890). Ein Fall von Seelenblindheit nebst einem Beitrag zur Theorie derselben. *Arch Psychiatrie*, 21, 222–270.
- Loewald, H. W. (1980). *Papers on Psychoanalysis*. New Haven, CT: Yale University Press.
- Lombardi, R. (2008). The body in the analytic session: focusing on the body-mind link. *Int J Psychanal*, 89, 89–109.
- Lombardi, R. (2023). Übertragung auf den Körper und die Sprachregister der Analysesitzung. In B. Nissen , U. Zeitzschel , W. Hegener , & U. Karacaoglan (Hrsg.), *Jahrbuch der Psychoanalyse - Analytische Haltung im Umbruch?* (Vol. 86, pp. 67–75). Gießen: Psychosozial-Verlag.
- Lumley, M. A. , Asselin, L. A. , & Norman, S. (1997). Alexithymia in chronic pain patients. *Compr Psychiatry*, 38(3), 160–165. www.ncbi.nlm.nih.gov/pubmed/9154372.
- Luyten, P. (2019). *Working with Somatoform Patients: An Integrative, Neuroscience Informed Perspective the Future of Neuroscience, Attachment and Mentalizing – from Research to Clinical Practice*. London: UCL.
- Luyten, P. , Campbell, C. , Allison, C. , & Fonagy, P. (2020). The mentalizing approach to psychopathology: state of the art and future directions. *Annu Rev Clin Psychol*, 16, 297–325.
- Luyten, P. , & Fonagy, P. (2015). The neurobiology of mentalizing. *Pers Disord*, 6(4), 366–379.
- Luyten, P. , & Fonagy, P. (2016). An integrative, attachment-based approach to the management and treatment of patients with persistent somatic complaints. In R. Hunter & R. Maunder (Eds.), *Improving Patient Treatment with Attachment Theory: A Guide for Primary Care Practitioners and Specialists* (pp. 127–144). Springer International Publishing. https://doi.org/DOI10.1007/978-3-319-23300-0_9.
- Luyten, P. , & Fonagy, P. (2019). Mentalizing and trauma. In A. Bateman & P. Fonagy (Eds.), *Handbook of Mentalizing in Mental Health Practice* (2nd ed., pp. 79–99). Washington, DC: American Psychiatric Association Publishing.
- Luyten, P. , Houdenhove, V. B. , Lemma, A. , Target, M. , & Fonagy, P. (2012). A mentalization-based approach to the understanding and treatment of functional somatic disorders. *Psychoanal Psychother*, 26(2), 121–140.
- Luyten, P. , Malcorps, S. , Fonagy, P. , & Ensink, K. (2019). Assessment of mentalizing. In A. Bateman & P. Fonagy (Eds.), *Handbook of Mentalizing in Mental Health Practice* (pp. 37–62). Washington, DC: American Psychiatric Association Publishing.
- Luyten, P. , Mayes, L. C. , Nijssens, L. , & Fonagy, P. (2017). The parental reflective functioning questionnaire: development and preliminary validation. *PLoS One*, 12(5). <https://doi.org/https://doi.org/10.1371/journal.pone.0176218>.
- Mackes, N. K. , Golm, D. , Sarkar, S. , Kumsta, R. , Rutter, M. , Fairchild, G. , Mehta, M. A. , Sonuga-Barke, E. J. S. , & Team, E. R. A. Y. A. F.-U. (2020). Early childhood deprivation is associated with alterations in adult brain structure despite subsequent environmental enrichment. *Proc Natl Acad Sci U S A*, 117(1), 641–649. <https://doi.org/10.1073/pnas.1911264116>.
- MacLean, W. E., Jr. , Jeglum, S. R. , Hickey, E. J. , & Ament, A. (2023). Head-banging in early childhood: the occurrence of physical injury. *Clin Pediatr (Phila)*, 99228221150693. <https://doi.org/10.1177/00099228221150693>.
- Main, M. , & Goldwyn, R. (1994). *Adult Attachment Scoring and Classification Systems*. Berkeley, CA: Department of Psychology, University of California Berkeley.
- Main, M. , & Solomon, J. (1986). Discovery of a new, insecure-disorganized/disoriented attachment pattern. In T. B. Brazelton & M. Yogman (Eds.), *Affective Development in Infancy* (pp. 95–124). Norwood, NJ: Ablex.
- Malloch, S. , & Trevarthen, C. (2009). *Communicative Musicality: Exploring the Basis of Human Companionship*. Oxford: Oxford University Press.
- Margoles, M. S. (1983). Stress neuromyopathic pain syndrome (SNPS): report of 333 patients. *J Neurol Orthop Surg*, 4, 317–322.
- Marty, M. (1958). Die "allergische Objektbeziehung". In K. Brede (Ed.), *Einführung in die psychosomatische Medizin*. Frankfurt am Main: Syndikat.
- Marty, M. , & de Muzan, M. (1963 [1978]). Das operative Denken ("Pensée opératoire"). *Psyche – Z Psychoanal*, 32, 974–984.

- Marty, P. (1991). *Mentalisation et Psychosomatique*. Paris: Laboratoire Delagrangue.
- Marty, P. , & de Muzan, M. (1963). La 'pensée opératoire'. *Revue Française de Psychanalyse* (suppl), 27, 1345–1356.
- Marty, P. , de Muzan, M. , & David, C. (1963). *L'investigation psychosomatique*. Paris: Presses Universitaires de France.
- Marty, P. , de Muzan, M. , & David, C. (1979). Der Fall Dora und der psychosomatische Gesichtspunkt. *Psyche – Z Psychoanal*, 33(09/10).
- Matacic, C. (2019). What is love? It depends which language you speak. *Science*. <https://doi.org/10.1126/science.aba6465>.
- Mattila, A. K. , Kronholm, E. , Jula, A. , Salminen, J. K. , Koivisto, A. M. , Mielonen, R. L. , & Joukamaa, M. (2008). Alexithymia and somatization in general population. *Psychosom Med*, 70(6), 716–722. <https://doi.org/10.1097/PSY.0b013e31816ffc39>.
- Maunder, R. G. , & Hunter, J. J. (2001). Attachment and psychosomatic medicine: developmental contributions to stress and disease. *Psychosom Med*, 63(4), 556–567. www.ncbi.nlm.nih.gov/pubmed/11485109.
- Maunder, R. G. , & Hunter, J. J. (2008). Attachment relationships as determinants of physical health. *J Am Acad Psychoanal Dyn Psychiatry*, 36(1), 11–32.
- Maunder, R. G. , Hunter, J. J. , Atkinson, L. , Steiner, M. , Wazana, A. , Fleming, A. S. , Moss, E. , Gaudreau, H. , Meaney, M. J. , & Levitan, R. D. (2017). An attachment-based model of the relationship between childhood adversity and somatization in children and adults. *Psychosom Med*, 79(5), 506–513. <https://doi.org/10.1097/psy.0000000000000437>.
- May, U. (2019). Müssen wir unser Bild von Freud verändern? Überlegungen zu Kurt R. Eisslers Interviews im Freud-Archiv der Library of Congress. *Luzifer Amor – Zeitschrift zur Geschichte der Psychoanalyse*, 32(63), 90–100.
- McDougall, J. (1974). The psychosoma and the psychoanalytic process. *Int Rev Psychoanal*, 1, 437–460.
- McDougall, J. (1995). *The Many Faces of Eros. A Psychoanalytic Exploration of Human Sexuality*. London: Free Association Books.
- McDougall, J. (1997). *Die Couch ist kein Prokrustesbett. Zur Psychoanalyse der menschlichen Sexualität*. Stuttgart: Verlag Internationale Psychoanalyse.
- McLaughlin, K. A. , Sheridan, M. A. , & Lambert, H. K. (2014). Childhood adversity and neural development: deprivation and threat as distinct dimensions of early experience. *Neurosci Biobehav Rev*, 47, 578–591. <https://doi.org/10.1016/j.neubiorev.2014.10.012>.
- Meaney, M. J. , & Szyf, M. (2005). Environmental programming of stress responses through DNA methylation: life at the interface between a dynamic environment and a fixed genome. *Dialogues Clin Neurosci*, 7(2), 103–123. <https://doi.org/10.31887/DCNS.2005.7.2/mmeaney>.
- Meins, E. (1999). Sensitivity, security and internal working models: bridging the transmission gap. *Attach Hum Dev*, 1(3), 325–342. www.ncbi.nlm.nih.gov/pubmed/11708230.
- Meltzoff, A. N. (2007). 'Like me': a foundation for social cognition. *Dev Sci*, 10(1), 126–134. <https://doi.org/10.1111/j.1467-7687.2007.00574.x>.
- Meltzoff, A. N. , & Moore, M. K. (1977). Imitation of facial and manual gestures by human neonates. *Science*, 198, 75–78.
- Menard, J. L. , & Hakvoort, R. M. (2007). Variations of maternal care alter offspring levels of behavioural defensiveness in adulthood: evidence for a threshold model. *Behav Brain Res*, 176(2), 302–313. [https://doi.org/S0166-4328\(06\)00556-0](https://doi.org/S0166-4328(06)00556-0) [pii];10.1016/j.bbr.2006.10.014.
- Menninger, K. A. (1934). Polysurgery and polysurgical addiction. *Psychoanal Q*, 3(2), 173–199. <https://doi.org/10.1080/21674086.1934.11925205>.
- Mentzos, S. (2009). *Lehrbuch der Psychodynamik. Die Funktion der Dysfunktionalität psychischer Störungen*. Göttingen: Vandenhoeck & Ruprecht.
- Merleau-Ponty, M. (1945 [2012]). *Phenomenology of Perception* (D. Landes, Trans.). London: Routledge.
- Merleau-Ponty, M. (1966). *Humanismus und Terror 2*. Frankfurt am Main: Suhrkamp.
- Mertens, W. (2019). Wie zuverlässig und wirklichkeitsgetreu sind unsere Erinnerungen? Psychoanalytische Überlegungen zum Gedächtnis aus klassischer und zeitgenössischer Sicht. *Psyche – Z Psychoanal*, 73(12), 974–1001.
- Miller, J. G. , Vrticka, P. , Cui, X. , Shrestha, S. , Hosseini, S. M. H. , Baker, J. M. , & Reiss, A. L. (2019). Inter-brain synchrony in mother-child dyads during cooperation: an fNIRS hyperscanning study. *Neuropsychologia*, 124, 117–124.

<https://doi.org/10.1016/j.neuropsychologia.2018.12.021>.

Miller, W. R. , & Rollnick, S. (2015 [2013]). *Motivierende Gesprächsführung* (3. Aufl.). Freiburg i.Br.: Lambertus.

Monsen, K. , & Monsen, T. J. (2000). Chronic pain and psychodynamic body therapy. *Psychol Psychother*, 37, 257–269. <https://doi.org/https://doi.org/10.1037/h0087658>.

Moore, S. , Kinnear, M. , & Freeman, L. (2020). Autistic doctors: overlooked assets to medicine. *Lancet – Psychiatry*, 7, 306–307.

Moran, D. (2017). Intercorporeality and intersubjectivity: a phenomenological exploration of embodiment. In C. Durt , T. Fuchs , & C. Tewes (Eds.), *Embodiment, Enaction, and Culture* (pp. 25–46). Cambridge, MA/London: MIT Press.

Moriguchi, Y. , Ohnishi, T. , Lane, R. D. , Maeda, M. , Mori, T. , Nemoto, K. , Matsuda, H. , & Komaki, G. (2006). Impaired self-awareness and theory of mind: an fMRI study of mentalizing in alexithymia. *Neuroimage*, 32(3), 1472–1482. [https://doi.org/S1053-8119\(06\)00491-5](https://doi.org/S1053-8119(06)00491-5) [pii];10.1016/j.neuroimage.2006.04.186.

Morken, K. T. E. , Binder, P.-E. , Arefjord, N. M. , & Karterud, S. W. (2019). Mentalization-based treatment from the patients' perspective – what ingredients do they emphasize? *Front Psychol*, 10. <https://doi.org/10.3389/fpsy.2019.01327>.

Nagy, E. (2011). The newborn infant: a missing stage in developmental psychology. *Infant Child Dev*, 20(1), 3–19.

Nashef, A. (2020). Autismus und Autismustherapie in Zeiten von Corona: eine Chance? *Psychopraxis Neuropraxis*, 1–4. <https://doi.org/10.1007/s00739-020-00641-9>.

Nemiah, J. C. , & Sifneos, P. E. (1970). Psychosomatic illness: a problem in communication. *Psychother Psychosom*, 18(1), 154–160. www.ncbi.nlm.nih.gov/pubmed/5520658.

Neumann, E. , Sattel, H. , Gündel, H. , Henningsen, P. , & Kruse, J. (2015). Attachment in romantic relationships and somatization. *J Nerv Ment Dis*, 203(2), 101–106. <https://doi.org/10.1097/NMD.0000000000000241>.

Nickel, K. , Maier, S. , Endres, D. , Joos, A. , Maier, V. , Tebartz van Elst, L. , & Zeeck, A. (2019). Systematic review: overlap between eating, autism spectrum, and attention-deficit/hyperactivity disorder. *Front Psychiatry*, 10, 708. <https://doi.org/doi:10.3389/fpsy.2019.00708>.

Nikendei, C. , Mölle, C. , Fischer, K. , Granov, G. , Huber, J. , Dinger, U. , Herzog, W. , Schauenburg, H. , & Ehrenthal, J. C. (2020). Persönlichkeitsstruktur und Bindungsstil als Prädiktoren für die erfolgreiche Aufnahme einer ambulanten psychotherapeutischen Behandlung. *Z psychosom Med*, 66, 178–192.

Nimnuan, C. , Hotopf, M. , & Wessely, S. (2001). Medically unexplained symptoms: an epidemiological study in seven specialities. *J Psychosom Res*, 51(1), 361–367. [https://doi.org/S0022-3999\(01\)00223-9](https://doi.org/S0022-3999(01)00223-9).

Nitsun, M. (1996 [2014]). *The Anti-Group – Destructive Forces in the Group and Their Creative Potential*. London: Routledge.

Nonne, M. (1917). Zweiter Berichtstatter. Achte Jahresversammlung der Gesellschaft Deutscher Nervenärzte am 22. und 23. September 1916. *Dtsch Z Nervenheilkunde*, 56, 37–115.

Nonne, M. (1922). Therapeutische Erfahrungen an den Kriegsneurosen in den Jahren 1914–1918. In O. von Schjering (Hrsg.), *Handbuch der ärztlichen Erfahrungen im Weltkriege 1914/1918* (Vol. 4, pp. 102–121). Leipzig: Johann Ambrosius Barth.

Nummenmaa, L. , Glerean, E. , Hari, R. , & Hietanen, J. K. (2014). Bodily maps of emotions. *PNAS – Proceedings of the national academy of sciences of the United States of America*, 111(2), 646–651. <https://doi.org/1321664111> [pii];10.1073/pnas.1321664111.

Ogden, P. , & Goldstein, B. (2019). Sensorimotor psychotherapy from a distance engaging the body, creating presence, and building relationship in videoconferencing. In H. Weinberg & A. Rolnik (Eds.), *Theory and Practice of Online Therapy: Internet-delivered Interventions for Individuals, Groups, Families, and Organizations* (pp. 47–65). London: Taylor & Francis. Kindle-Version.

Ogden, T. (1988). On the dialectical structure of experience: some clinical and theoretical implications. *Contemp Psychoanal*, 23, 17–45.

Ogden, T. (1989). On the concept of an autistic-contiguous position. *Int J Psychoanal*, 70, 127–140.

- Ogrodniczuk, J. S. , Piper, W. E. , & Joyce, A. S. (2011). Effect of alexithymia on the process and outcome of psychotherapy: a programmatic review. *Psychiatry Res*, 190(1), 43–48. <https://doi.org/10.1016/j.psychres.2010.04.026>.
- Oppenheim, D. , & Koren-Karie, N. (2013). The insightfulness assessment: measuring the internal processes underlying maternal sensitivity. *Attach Hum Dev*, 15(5–6), 545–561. <https://doi.org/10.1080/14616734.2013.820901>.
- Orbach, S. (2003). The John Bowlby memorial lecture 2003 – Part I: there is no such thing as a body. *Br J Psychother*, 20(1), 3–15.
- Otto, H. (2014 [2018]). Don't show your emotions! Emotion regulation and attachment in the Cameroonian Nso. In H. Otto & H. Keller (Eds.), *Different Faces of Attachment. Cultural Variations on a Universal Human Need*. Cambridge: Cambridge University Press.
- Otto, H. , & Keller, H. (Eds.). (2014 [2018]). *Different Faces of Attachment – Cultural Variations on a Universal Human Need*. Cambridge: Cambridge University Press.
- Panksepp, J. (1998). *Affective Neuroscience. The Foundations of Human and Animal Emotions*. Oxford: Oxford University Press.
- Panksepp, J. , & Biven, L. (2012). *The Archaeology of Mind. Neuroevolutionary Origins of Human Emotions*. New York and London: W.W. Norton & Company.
- Panksepp, J. , & Scott, E. L. (2012). Reflections on rough and tumble play, social development, and attention-deficit hyperactivity disorders. In A. L. Meyer & T. P. Gullotta (Eds.), *Physical Activity Across the Lifespan, Issues in Children's and Families' Lives* (pp. 23–40). Springer Science+Business Media.
- Paulus, M. P. , & Stein, M. B. (2010). Interoception in anxiety and depression. *Brain Struct Funct*, 214(5–6), 451–463. <https://doi.org/10.1007/s00429-010-0258-9>.
- Perepletchikova, F. , Treat, T. A. , & Kazdin, A. E. (2007). Treatment integrity in psychotherapy research: analysis of the studies and examination of the associated factors. *J Consult Clin Psychol*, 75(6), 829–841. <https://doi.org/2007-19013-001> [pii];10.1037/0022-006X.75.6.829.
- Pieh, C. , Lahmann, C. , von Heymann, F. , Tritt, K. , Loew, T. , & Probst, T. (2011). Prävalenz und Komorbidität der somatoformen Störung: eine Multicenter-Studie. *Z Psychosom Med Psychother*, 57, 244–250.
- Plassmann, R. (1993). Organwelten: Grundriß einer analytischen Körperpsychologie. *Psyche – Z Psychoanal*, 47, 261–282.
- Plassmann, R. (2019a). *Psychotherapie der Emotionen. Die Bedeutung von Emotionen für die Entstehung und Behandlung von Krankheiten*. Frankfurt am Main: Psychosozial-Verlag.
- Plassmann, R. (2019b). Transformative Sprache. Der Anteil der Sprache am Effekt einer Deutung. *Forum der Psychoanalyse*, 35, 5–17.
- Podoll, K. (1991). Der Telefonunfall – ein Beitrag zur Geschichte der traumatischen Neurosen. *Fortschr Neurol Psychiat*, 59, 387–393.
- Porter, C. , Palmier-Claus, J. , Branitsky, A. , Mansell, W. , Warwick, H. , & Varese, F. (2019). Childhood adversity and borderline personality disorder: a meta-analysis. *Acta Psychiatr Scand*, 141(1), 6–20. <https://doi.org/10.1111/acps.13118>.
- Poulsen, A. (1991). Psychodynamic, time-limited group therapy in rheumatic disease – a controlled study with special reference to alexithymia. *Psychother Psychosom*, 56(1–2), 12–23.
- Pries, J. (2022). *Adhärenz in psychodynamischer Gruppenpsychotherapie*. Phil. Diss., Universität Witten/Herdecke. Witten.
- Pries, J. , Niecke, A. , Vetter, A. , & Schultz-Venrath, U. (2022). More than one way home – student raters' impressions of interventions and group processes in mentalisation based group psychotherapy and group analytic psychotherapy. *Res Psychother: Psychopathol Process Outcome*, 25, 314–326.
- Pries, J. , Vetter, A. , Petrowski, K. , & Schultz-Venrath, U. (2019). Expertenfrage zu Interventionsarten in psychodynamischen Gruppenpsychotherapien – eine Pilotstudie. *Gruppenpsychother Gruppensdynamik*, 55, 28–50.
- Proust, M. (1964 [1978]). *Auf der Suche nach der verlorenen Zeit*. In Swanns Welt (Bd 1). Frankfurt am Main: Suhrkamp.
- Purgato, M. , Gastaldon, C. , Papola, D. , van Ommeren, M. , Barbui, C. , & Tol, W. A. (2018). Psychological therapies for the treatment of mental disorders in low- and middle-income countries affected by humanitarian crises. *Cochrane Database Syst Rev*, 7, CD011849. <https://doi.org/10.1002/14651858.CD011849.pub2>.

- Quinodoz, D. (2002). *Words That Touch. A Psychoanalyst Learns to Speak*. London: Karnac.
- Quinodoz, D. (2003). Words that touch. *Int J Psycho-Anal*, 84, 1469–1485.
- Reddy, V. N. V. (2008). *How Infants Know Minds*. Cambridge, MA: Harvard University Press.
- Reichel-Dolmatoff, E. (1997 [2001]). Vorwort. In K. Gröning (Hrsg.), *Geschminkte Haut. Eine Kulturgeschichte der Körperkunst* (2. Aufl., pp. 12–15). München: Frederking & Thaler Verlag.
- Reik, T. (1976 [1948]). Hören mit dem dritten Ohr. Die innere Erfahrung eines Psychoanalytikers. Frankfurt am Main: Hoffmann und Campe.
- Reuber, M. , & Mayor, R. (2012). Recent progress in the understanding and treatment of nonepileptic seizures. *Curr Opin Psychiatry*, 25(3), 244–250. <https://doi.org/10.1097/YCO.0b013e3283523db6>.
- Riedesser, P. , & Verderber, A. (1985). Aufrüstung der Seelen. Militärpsychologie und Militärpsychiatrie in Deutschland und Amerika. Freiburg i.Br.: Dreisam.
- Riem, M. M. E. , Doedee, E. , Broekhuizen-Dijksman, S. C. , & Beijer, E. (2018). Attachment and medically unexplained somatic symptoms: the role of mentalization. *Psychiatry Res*, 268, 108–113. <https://doi.org/10.1016/j.psychres.2018.06.056>.
- Ritsner, M. , Ponizovsky, A. , Kurs, R. , & Modai, I. (2000). Somatization in an immigrant population in Israel: a community survey of prevalence, risk factors, and help-seeking behavior. *Am J Psychiatry*, 157(3), 385–392. <https://doi.org/10.1176/appi.ajp.157.3.385>.
- Rizzolatti, G. , & Sinigaglia, C. (2016). The mirror mechanism: a basic principle of brain function. *Nat Rev Neurosci*, 17(12), 757–765. <https://doi.org/10.1038/nrn.2016.135>.
- Robinson, P. , & Skarderud, F. (2019). Eating disorders. In A. W. Bateman & P. Fonagy (Eds.), *Handbook of Mentalizing in Mental Health Practice* (pp. 369–386). Washington, DC: American Psychiatric Association Publishing.
- Robinson, P. , Skarderud, F. , & Sommerfeldt, B. (2018). *Hunger: Mentalization-Based Treatments for Eating Disorders*. Cham: Springer International Publishing.
- Roenneberg, C. , Hausteiner-Wiehle, C. , & Henningsen, P. (2020). “Funktionelle Körperbeschwerden”: Klinisch relevante Leitlinien-Empfehlungen. *Psychiatrie up2date*, 14, 35–53.
- Roenneberg, C. , & Henningsen, P. (2016). Management der somatischen Belastungsstörung – Körperbeschwerden und Psyche. *NeuroTransmitter*, 27(5), 44–49.
- Roenneberg, C. , Sattel, H. , Schaefer, R. , Henningsen, P. , & Hausteiner-Wiehle, C. (2019). Clinical practice guideline: functional somatic symptoms. *Dtsch Arztebl*, 116, 553–560.
- Rosa, H. (2016). *Resonanz: Eine Soziologie der Weltbeziehung*. Frankfurt am Main: Suhrkamp.
- Rosa, H. (2019). *Unverfügbarkeit* (5. Aufl.). Wien, Salzburg: Residenz Verlag.
- Rosendahl, S. , Sattel, H. , & Lahmann, C. (2021). Effectiveness of body psychotherapy. A systematic review and meta-analysis [systematic review]. *Front Psychiatry*, 12(1486). <https://doi.org/10.3389/fpsy.2021.709798>.
- Rottländer, P. (2020). *Mentalisieren mit Paaren*. Stuttgart: Klett-Cotta.
- Ruesch, J. (1948). The infantile personality. *Psychosom Med*, 10, 134–144.
- Rullmann, M. , Preusser, S. , & Pleger, B. (2019). Prefrontal and parietal contributions to the perceptual awareness of touch. *Sci Rep*, 9(16981). <https://doi.org/10.1038/s41598-019-53637-w>.
- Sandler, S. A. (1947). Camptocormia, or the functional bent back. *Psychosom Med*, 9, 197–204.
- Scalabrini, A. , Mucci, C. , Esposito, R. , Damiani, S. , & Northoff, G. (2020). Dissociation as a disorder of integration – on the footsteps of Pierre Janet. *Prog Neuro-psychopharmacol Biol Psychiatry*, 101, 109928. <https://doi.org/10.1016/j.pnpbp.2020.109928>.
- Schäfer, R. , & Franz, M. (2009). Alexithymie – ein aktuelles Update aus klinischer, neurophysiologischer und entwicklungspsychologischer Sicht. *Z Med Psom*, 55(4), 328–353.
- Scharff, J. M. (2007). Psychoanalyse und inszenierende Interaktion: Gemeinsamkeiten und Unterschiede. In P. Geißler & G. Heisterkamp (Eds.), *Psychoanalyse der Lebensbewegungen. Zum körperlichen Geschehen in der psychoanalytischen Therapie. Ein Lehrbuch* (pp. 83–98). Berlin: Springer.
- Scharff, J. M. (2021). *Psychoanalyse und Zwischenleiblichkeit. Klinisch-propädeutisches Seminar*. Frankfurt am Main: Brandes & Apsel.
- Schauenburg, H. , Dinger, U. , & Buchheim, A. (2006). Bindungsmuster von Psychotherapeuten. *Z psychosom Med*, 52(4), 358–372. <https://doi.org/https://doi.org/10.13109/zptm.2006.52.4.358>.

- Schilder, P. (1923). Das Körperschema. Ein Beitrag zur Lehre vom Bewusstsein des eigenen Körpers. Berlin: Springer.
- Schilder, P. (1935 [1978]). *The Image and the Appearance of the Human Body – Studies in the Constructive Energies of the Psyche*. New York: International Universities Press.
- Schöndienst, M. (2002). Von einer sprachtheoretischen Idee zu einer klinisch-linguistischen Methode. Einleitende Überlegungen. *Psychother. Soz*, 4(4), 253–270.
- Schöndienst, M. (2017). Zur differenzialdiagnostischen und -therapeutischen Bedeutung diskursiver Stile bei dissoziativen versus epileptischen Patienten. In A. Eckhardt-Henn & C. Spitzer (Eds.), *Dissoziative Bewusstseinsstörungen. Grundlagen – Klinik – Therapie* (pp. 293–309). Stuttgart: Schattauer.
- Schore, A. N. (2007). *Affektregulation und die Reorganisation des Selbst*. Stuttgart: Klett-Cotta.
- Schreiber-Willnow, K. , & Seidler, K. (2005). Katamnestische Stabilität des Körpererlebens nach stationärer Gruppenbehandlung mit Konzentrativer Bewegungstherapie. *PPmP – Psychosomatik Psychotherapie Medizinische Psychologie*, 55(8), 370–377. <https://doi.org/10.1055/s-2005-866877>.
- Schultz-Venrath, U. (1992 [1995]). Ernst Simmels Psychoanalytische Klinik 'Sanatorium Schloß Tegel GmbH' (1927–1931) – Beitrag zur Wissenschaftsgeschichte einer psychoanalytischen Psychosomatik Universität Witten/Herdecke 1992. *Deutsche Hochschulschriften 2081*, Mikroedition. Egelsbach, Frankfurt am Main and Washington: Hänssel-Hohenhausen.
- Schultz-Venrath, U. (2021). *Mentalisieren des Körpers*. Stuttgart: Klett-Cotta.
- Schultz-Venrath, U. (2022). Mentalizing Shame, Shamelessness and Fremdscham (Shame by Proxy) in Groups. In O. Badouk Epstein (Ed.), *Shame Matters: Attachment and Relational Perspectives for Psychotherapists* (pp. 90–113). London and New York: Routledge, Taylor & Francis. <https://doi.org/10.4324/9781003175612-7> .
- Schultz-Venrath, U. (2023). Traumatic experiences – restoring mentalizing in group psychotherapies. In C. Calarasanu , U. Schultz-Venrath , & H. Messner (Eds.), *A Psychoanalytic Exploration of Social Trauma – The Inner Worlds of Outer Realities* (pp. 165–182). London: Routledge.
- Schultz-Venrath, U. , & Felsberger, H. (2016). *Mentalisieren in Gruppen*. Stuttgart: Klett-Cotta.
- Schultz-Venrath, U. , & Hermanns, L. M. (2019). Ernst Simmel oder die Psycho-Klinik der Zukunft. In A. Geisthövel & B. Hitzer (Eds.), *Auf der Suche nach einer anderen Medizin – Psychosomatik im 20. Jahrhundert* (pp. 124–132). Frankfurt am Main: Suhrkamp Taschenbuch Wissenschaft.
- Schultz-Venrath, U. , & Masuhr, K. F. (1993). Psychogene und nichtepileptische Anfälle. In G. Nissen (Hrsg.), *Anfallskrankheiten aus interdisziplinärer Sicht* (pp. 151–163). Bern, Stuttgart and Wien: Hans Huber.
- Schur, M. (1955). Comments on the metapsychology of somatization. *Psychoanal Study Child*, 10, 119–164.
- Schur, M. (1972). *Sigmund Freud. Leben und Sterben*. Frankfurt am Main: Suhrkamp.
- Schwarzer, N.-H. , Nolte, T. , Fonagy, P. , & Gingelmaier, S. (2021). Self-rated mentalizing vmediates the relationship between stress and coping in a non-clinical sample. *Psychol Rep*, 1–21. <https://doi.org/10.1177/0033294121994846>.
- Segal, H. (1957). Notes on symbol formation. *Int J Psychoanal*, 38, 391–397.
- Seiffge-Krenke, I. (2014). Identität im Wandel und therapeutische Herausforderungen. *Forum Psychoanal*, 30(1), 85–108.
- Shah, P. , Hall, R. , Catmur, C. , & Bird, G. (2016). Alexithymia, not autism, is associated with impaired interoception. *Cortex*, 81, 215–220. <https://doi.org/10.1016/j.cortex.2016.03.021>.
- Shai, D. , & Belsky, J. (2011). When words just won't do: introducing parental embodied mentalizing. *Child Dev Perspect*, 5, 173–180.
- Shai, D. , & Belsky, J. (2017). Parental embodied mentalizing: how the nonverbal dance between parents and infants predicts children's socio-emotional functioning. *Attach Hum Dev*, 19(2), 191–219. <https://doi.org/10.1080/14616734.2016.1255653>.
- Shai, D. , Dollberg, D. , & Szepsenwol, O. (2017). The importance of parental verbal and embodied mentalizing in shaping parental experiences of stress and coparenting. *Infant Behav Dev*, 49, 87–96. <https://doi.org/10.1016/j.infbeh.2017.08.003>.
- Shai, D. , & Fonagy, P. (2014). Beyond words: parental Embodied Mentalizing and the Parent Infant Dance. In M. Mikulincer & P. R. Shaver (Eds.), *Mechanisms of Social Connections: From Brain to Group* (pp. 185–203). Washington, DC: American Psychological Association.

- Shai, D. , Laor Black, A. , Spencer, R. , Slead, M. , Baradon, T. , Nolte, T. , & Fonagy, P. (2022). Trust me! Parental embodied mentalizing predicts infant cognitive and language development in longitudinal follow-up. *Front Psychol* <https://doi.org/10.3389/fpsyg.2022.867134>.
- Shankman, S. A. , Gorka, S. M. , Katz, A. C. , Klein, D. N. , Markowitz, J. C. , Arnow, B. A. , Manber, R. , Rothbaum, B. O. , Thase, M. E. , Schatzberg, A. F. , Keller, M. B. , Trivedi, M. H. , & Kocsis, J. H. (2017). Side effects to antidepressant treatment in patients with depression and comorbid panic disorder. *J Clin Psychiatry*, 78(4), 433–440. <https://doi.org/10.4088/JCP.15m10370>.
- Shephard, B. (2000). *A War of Nerves. Soldiers and Psychiatrists 1914–1994*. Pimlico: Random House.
- Shephard, B. (2001). *A War of Nerves: Soldiers and Psychiatrists in the Twentieth Century*. Cambridge, MA: Harvard University Press.
- Sheridan, M. A. , & McLaughlin, K. A. (2014). Dimensions of early experience and neural development: deprivation and threat. *Trends Cogn Sci*, 18(11), 580–585. <https://doi.org/10.1016/j.tics.2014.09.001>.
- Shoenfeld, Y. , Shapiro, Y. , Drory, Y. , Glasevsky, V. , Sohar, E. , & Kellerman, J. J. (1978). Rehabilitation of patients with NCA (neurocirculatory asthenia) through a short term training program. *Am J Phys Med*, 57(1), 1–8. www.ncbi.nlm.nih.gov/pubmed/637114.
- Shorter, E. (1992). *From Paralysis to Fatigue. A History of Psychosomatic Illness in the Modern Era*. New York: Free Press.
- Simmel, E. (1918). *Kriegsneurosen und "Psychisches Trauma". Ihre gegenseitigen Beziehungen dargestellt auf Grund psycho-analytischer, hypnotischer Studien*. Leipzig, München: Otto Nernnich.
- Simmel, E. (1944). *War neuroses*. In S. Lorand (Ed.), *Psychoanalysis Today* (pp. 227–248). New York: International Universities Press.
- Skarderud, F. , & Fonagy, P. (2012). Eating disorders. In A. W. Bateman & P. Fonagy (Eds.), *Handbook of Mentalizing in Mental Health Practice* (pp. 347–383). Washington, DC: American Psychiatric Publishing, Inc.
- Solms, M. (2013a). Das bewusste Es. *Psyche – Z Psychoanal*, 67, 991–1022.
- Solms, M. (2013b). Response to commentaries – the id is not the same as the unconscious ... and other things. *Neuropsychoanalysis*, 15(1), 79–85.
- Solms, M. (2021). *The Hidden Spring – A Journey to the Source of Consciousness*. New York: Norton & Company.
- Solms, M. (2022). The 'hard problem' of consciousness. In J. Mills (Ed.), *Psychoanalysis and the Mind-Body Problem* (pp. 153–185). Milton Park and New York: Routledge.
- Solms, M. , & Panksepp, J. (2012). The "id" knows more than the "ego" admits: neuropsychanalytic and primal consciousness perspectives on the interface between affective and cognitive neuroscience. *Brain Sci*, 2(2), 147–175. <https://doi.org/10.3390/brainsci2020147>.
- Souques, M. M. , & Rosanoff-Saloff, X. (1915). La camptocormie. Incurvation du tronc, consécutive aux traumatismes du dos et des lombes. *Considérations morphologiques*. *Rev Neurol*, 27, 937–939.
- Spangler, G. , & Grossmann, K. E. (1993). Biobehavioral organization in securely and insecurely attached infants. *Child Dev*, 64(5), 1439–1450. <http://www.ncbi.nlm.nih.gov/pubmed/8222882>.
- Sperry, L. , & Carlson, J. (2014). *How Master Therapists Work*. New York and London: Routledge, Taylor & Francis.
- Spitz, R. , & Wolf, K. (1946). Anaclitic depression – an inquiry into the genesis of psychiatric conditions in early childhood. *Psychoanal Study Child*, 2, 313–342.
- Stahn, A. , Gunga, H.-C. , Kohlberg, E. , Gallinat, J. , Dinges, D. F. , & Kühn, S. (2019). Brain changes in response to long antarctic expeditions. *N Engl J Med*, 381, 2273–2275. <https://doi.org/DOI:10.1056/NEJMc1904905>.
- Staun, L. (2017). *Mentalisieren bei Depressionen*. Stuttgart: Klett-Cotta.
- Staun, L. , & Schultz-Venrath, U. (2023). Mentalisierungsbasierte dynamische Administration. *Zur Förderung epistemischen Vertrauens in psychodynamischen Gruppentherapien*. *Ärztliche Psychotherapie*, 18(2), 97–102. <https://doi.org/10.21706/aep-18-2-97>.
- Stekel, W. (1908). *Nervöse Angstzustände und ihre Behandlung* (4. Aufl.). München: Urban & Schwarzenberg.

- Stekel, W. (1924). *Peculiarities of Behaviour* (Vol. 1–2). London: Williams and Norgate.
- Sterling, P. (2012). Allostasis: a model of predictive regulation. *Physiol Behav*, 106(1), 5–15. <https://doi.org/10.1016/j.physbeh.2011.06.004>.
- Stern, D. N. (1985 [1992]). *The Interpersonal World of the Infant: A View from Psychoanalysis and Developmental Psychology*. New York: Basic Books.
- Stern, D. N. (2004). *The Present Moment in Psychotherapy and Everyday Life*. New York and London: Norton & Company.
- Stern, D. N. (2010a). *Forms of Vitality*. Oxford: Oxford University Press.
- Stern, D. N. (2010b). *Forms of Vitality: Exploring Dynamic Experience in Psychology and the Arts*. Oxford: Oxford University Press.
- Stern, D. N. (2012). *Veränderungsprozesse. Ein integratives Paradigma*. Frankfurt am Main: Brandes & Apsel.
- Stern, D. N. , Bruschiweiler-Stern, N. , Lyons-Ruth, K. , Morgan, A. C. , Nahum, J. P. , & Sander, L. W. (2010). The Boston Change Process Study Group: Change in Psychotherapy. A Unifying Paradigm. New York and London: Norton & Company.
- Storch, M. , Cantieni, B. , Hüther, G. , & Tschacher, W. (2010 [2011]). Embodiment. Die Wechselwirkung von Körper und Psyche verstehen und nutzen (2. Aufl.). Bern: Huber.
- Storck, T. (2016). *Psychoanalyse und Psychosomatik. Die leiblichen Grundlagen der Psychodynamik*. Stuttgart: Kohlhammer.
- Storebo, O. J. , Stoffers-Winterling, J. M. , Vollm, B. A. , Kongerslev, M. T. , Mattivi, J. T. , Jorgensen, M. S. , Faltinsen, E. , Todorovac, A. , Sales, C. P. , Callesen, H. E. , Lieb, K. , & Simonsen, E. (2020). Psychological therapies for people with borderline personality disorder. *Cochrane Database Syst Rev*, 5, CD012955. <https://doi.org/10.1002/14651858.CD012955.pub2>.
- Sturge-Apple, M. L. , Skibo, M. A. , Rogosch, F. A. , Ignjatovic, Z. , & Heinzelman, W. (2011). The impact of allostatic load on maternal sympathovagal functioning in stressful child contexts: implications for problematic parenting. *Dev Psychopathol*, 23(3), 831–844. <https://doi.org/S0954579411000332> [pii];10.1017/S0954579411000332.
- Subic-Wrana, C. , Thomas, W. , Huber, M. , & Kohle, K. (2001). Levels of emotional awareness scale (LEAS): Die deutsche Version eines neuen Alexithymietests. *Psychotherapeut*, 46, 176–181. www.ncbi.nlm.nih.gov/pubmed/12420248.
- Swiller, H. I. (1988). Alexithymia: treatment utilizing combined individual and group psychotherapy. *Int J Group Psychother*, 38(1), 47–61. <https://doi.org/10.1080/00207284.1988.11491084>.
- Szekely, L. (1962). Symposium: the psycho-analytic study of thinking. Meaning, meaning schemata, and body schemata in thought. *Int J Psychoanal*, 43, 297–305. www.ncbi.nlm.nih.gov/pubmed/13979907.
- Taubner, S. , & Evers, O. (2022). Kann man Super-Shrinks ausbilden? Kompetenzentwicklung in der Psychotherapie. *Psychotherapie*, 67, 400–407.
- Taylor, G. J. (2003). Somatization and conversion – distinct or overlapping constructs? *J Am Acad Psychoanal*, 31, 487–508.
- te Wildt, B. T. , & Schultz-Venrath, U. (2004). Magical ideation – defense mechanism or neuropathology? A study with multiple sclerosis patients. *Psychopathology*, 37(3), 141–144. <https://doi.org/10.1159/000078866>.
- Tebartz van Elst, L. (2016). *Autismus und ADHS: Zwischen Normvariante, Persönlichkeitsstörung und neuropsychiatrischer Krankheit*. Stuttgart: Kohlhammer.
- Terasawa, Y. , Oba, K. , Motomura, Y. , Katsunuma, R. , Murakami, H. , & Moriguchi, Y. (2021). Paradoxical somatic information processing for interoception and anxiety in alexithymia. *Eur J Neurosci*, 54(11), 8052–8068. <https://doi.org/10.1111/ejn.15528>.
- Theweleit, K. (2009 [1977/1978]). *Männerphantasien 1 +2*. Frankfurt am Main: Stroemfeld/Piper.
- Tomasello, F. (2001). *The Cultural Origins of Human Cognition*. Cambridge, MA: Harvard University Press.
- Tomasello, M. (2008). *Origins of Human Communication*. Cambridge, MA and London: MIT Press.
- Tomasello, M. (2018). Great apes and human development: a personal history. *Child Dev Perspect*, 12, 189–193.

- Tomasello, M. (2019). *Becoming Human. A theory of Ontogeny*. Cambridge, MA: Harvard University Press.
- Tomkins, S. (1962). *Affect Imagery Consciousness: Volume I: The Positive Affects*. New York: Springer.
- Travell, J. , & Rinzler, S. H. (1952). The myofascial genesis of pain. *Postgrad Med*, 11(5), 425–434. www.ncbi.nlm.nih.gov/pubmed/14920327.
- Trevarthen, C. (1979). Communication and cooperation in early infancy: a description of primary intersubjectivity. In M. Bullowa (Ed.), *Before Speech: The Beginning of Interpersonal Communication* (pp. 321–347). Cambridge: Cambridge University Press.
- Trevarthen, C. (1993). The self born in intersubjectivity: the psychology of infant communicating. In U. Neisser (Ed.), *The Perceived Self: Ecological and Interpersonal Sources of Knowledge*. Cambridge: Cambridge University Press.
- Trevarthen, C. , & Aitken, K. J. (2001). Infant intersubjectivity: research, theory, and clinical applications. *J Child Psychol Psychiatry*, 42(1), 3–48. www.ncbi.nlm.nih.gov/pubmed/11205623.
- Trimble, M. R. (1981). *Post-Traumatic Neurosis. From Railway Spine to the Whiplash*. New York: John Wiley & Sons.
- Tronick, E. (1982). *Social Interchange in infancy. Affect, Cognition, and Communication*. Baltimore: University Park Press.
- Tronick, E. (2007). *The Neurobehavioral and Social-Emotional Development of Infants and Children*. New York and London: Norton.
- Tronick, E. Z. , & Cohn, J. (1989). Infant mother face-to-face interaction: age and gender differences in coordination and miscoordination. *Child Development*, 59, 85–92.
- Tschuschke, V. , Baumbach, N. , Rembold, S. M. E. , Horn, E. , & Tress, W. (2020). Zur Bedeutung der Gruppenleitung für therapeutische Prozesse in der Gruppe – Ergebnisse einer empirischen Studie mit somatoformen Störungsbildern. *Gruppenpsychother Gruppensystemik*, 56, 105–132.
- Turkle, S. (2018). Empathy machines: forgetting the body. In V. Tzolas & C. Anzieu-Premereur (Eds.), *A Psychoanalytic Exploration of the Body in Today's World. On the Body* (pp. 17–27). London: Routledge.
- Tustin, F. (1993). On psychogenic autism. *Psychoanal Inq*, 13, 34–41.
- Urbanek, M. , Harvey, M. , McGowan, J. , & Agrawal, N. (2014). Regulation of emotions in psychogenic nonepileptic seizures. *Epilepsy Behav*, 37, 110–115. <https://doi.org/10.1016/j.yebeh.2014.06.004>.
- Vacharkulksemsuk, T. , & Fredrickson, B. L. (2012). Strangers in sync: achieving embodied rapport through shared movements. *J Exp Soc Psychol*, 48(1), 399–402. <https://doi.org/10.1016/j.jesp.2011.07.015>.
- van der Kolk, B. A. (1994). The body keeps the score: memory and the evolving psychobiology of posttraumatic stress. *Harv Rev Psychiatry*, 1(5), 253–265. www.ncbi.nlm.nih.gov/pubmed/9384857.
- van der Kolk, B. A. (1996). The body keeps the score. Approaches to the psychobiology of post traumatic stress disorder. In B. A. Van der Kolk , A. C. McFarlane , & L. Weisaeth (Eds.), *Traumatic Stress. The Effects of Overwhelming Experience on Mind, Body, and Society* (pp. 214–241). New York and London: Guilford.
- van der Kolk, B. A. (2014). *The Body Keeps the Score: Mind, Brain and Body in the Transformation of Trauma*. London: Penguin Books.
- van der Kolk, B. A. (2016). *Verkörperter Schrecken. Traumaspuren in Gehirn, Geist und Körper und wie man sie heilen kann (2. Aufl.)*. Lichtenau: Probst Verlag.
- Vanheule, S. , Desmet, M. , Verhaeghe, P. , & Bogaerts, S. (2007). Alexithymic depression: evidence for a depression subtype? *Psychother Psychosom*, 76(5), 315–316. <https://doi.org/10.1159/000104710>.
- Varela, F. , Thompson, E. , & Rosch, E. (1991 [2016]). *The Embodied Mind*. Cambridge, MA and London: MIT.
- Verhaeghe, P. , Vanheule, S. , & De Rick, A. (2007). Actual neurosis as the underlying psychic structure of panic disorder, somatization, and somatoform disorder: an integration of Freudian and attachment perspectives. *Psychoanal Q*, 76, 1317–1350. WOS:000251178400015.
- Verner, G. , Epel, E. , Lahti-Pulkkinen, M. , Kajantie, E. , Buss, C. , Lin, J. , Blackburn, E. , Raikkonen, K. , Wadhwa, P. D. , & Entringer, S. (2020). Maternal psychological resilience during pregnancy and newborn telomere length: a prospective study. *Am J Psychiatry*,

- appiajp202019101003. <https://doi.org/10.1176/appi.ajp.2020.19101003>.
- Vogeley, K. (2017). Two social brains: neural mechanisms of intersubjectivity. *Phil Trans R Soc B*, 372. <https://doi.org/http://dx.doi.org/10.1098/rstb.2016.0245>.
- Volz-Boers, U. (2009). Körperempfindungen des Analytikers als Zugang zu perinataler Traumatisierung. In M. E. Arjomandi (Ed.), *Jahrbuch für Gruppenanalyse und ihre Anwendungen – Wohin mit der Gruppenanalyse?* (Vol. 14–2008, pp. 159–169). Heidelberg: Mattes Verlag.
- Volz-Boers, U. (2016). Resonanz im Körper des Analytikers. Das Konzept der sensorisch-intuitiven Haltung. In S. Walz-Pawlita, B. Unruh, & B. Janta (Eds.), *Körper-Sprachen* (pp. 141–152). Gießen: Psychosozial-Verlag.
- von Weizsäcker, V. (1926). *Arzt und Kranker. Die Kreatur*, 1, 69–86.
- von Weizsäcker, V. (1940). *Der Gestaltkreis (Theorie der Einheit von Wahrnehmen und Bewegen)*. Leipzig: Thieme.
- Waller, C. (2018). Umgang mit Emotionen und Störungen der Kommunikation. In J. Jünger (Hrsg.), *Ärztliche Kommunikation. Praxisbuch zum Masterplan Medizinstudium 2020* (pp. 261–266). Stuttgart: Schattauer.
- Waller, E., & Scheidt, C. E. (2002). Somatoforme Störungen und Bindungstheorie. *Psychotherapeut*, 47, 157–164. <https://doi.org/DOI10.1007/s00278-002-0226-9>.
- Waller, E., & Scheidt, C. E. (2006). Somatoform disorders as disorders of affect regulation: a development perspective. *Int Rev Psychiatry*, 18(1), 13–24.
- Waller, E., & Scheidt, C. E. (2008). Somatoforme Störungen und Bindungstheorie. In B. Strauß (Hrsg.), *Bindung und Psychopathologie* (pp. 144–187). Stuttgart: Klett-Cotta.
- Wampold, B. E. (2015). How important are the common factors in psychotherapy? An update. *World Psychiatry*, 14(3), 270–277. <https://doi.org/10.1002/wps.20238>.
- Weinberg, H. (2021). Online group psychotherapy: challenges and possibilities during COVID-19 – a practice review. <https://doi.org/10.1037/gdn0000140>.
- Weinberg, H., & Rolnik, A. (2020). *Theory and Practice of Online Therapy: Internet-delivered Interventions for Individuals, Groups, Families, and Organizations*. London: Routledge, Taylor & Francis.
- Weir, E., Allison, C., Warrier, V., & Baron-Cohen, S. (2020). Increased prevalence of non-communicable physical health conditions among autistic adults. *Autism*, 1–14. <https://doi.org/10.1177/1362361320953652>.
- Wichmann, B. (1934). Das vegetative Syndrom und seine Behandlung. *Dtsch med Wschr*, 60, 1500–1504.
- Williams, J. H., Whiten, A., Suddendorf, T., & Perrett, D. I. (2001). Imitation, mirror neurons and autism. *Neurosci Biobehav Rev*, 25(4), 287–295. www.ncbi.nlm.nih.gov/pubmed/11445135.
- Willis, J., & Todorov, A. (2006). First impressions: making up your mind after a 100-ms exposure to a face. *Psychol Sci*, 17, 592–598.
- Wimmer, H., & Perner, J. (1983). Beliefs about beliefs: representation and constraining function of wrong beliefs in young children's understanding of deception. *Cognition*, 13, 103–128.
- Winberg, J. (2005). Mother and newborn baby: mutual regulation of physiology and behavior – a selective review. *Dev Psychobiol*, 47(3), 217–229. <https://doi.org/10.1002/dev.20094>.
- Winnicott, D. W. (1949 [2014]). Mind in its relation to the psyche-soma. In D. W. Winnicott (Ed.), *Through Pediatrics to Psycho-Analysis: Collected Papers D.W. Winnicott*. (pp. 243–254). Routledge, Taylor & Francis.
- Winnicott, D. W. (1952 [1958]). Anxiety associated with insecurity. In D. W. Winnicott (Ed.), *Collected Papers: Through Paediatrics to Psycho-Analysis* (pp. 97–100). London: Hogarth.
- Winnicott, D. W. (1958). First year of life – modern views on the emotional development in the first year of life. *The Medical Press*, 239, 228–231, 289–291.
- Winnicott, D. W. (1960). The theory of the parent-infant relationship. *Int J Psychoanal*, 41, 585–595.
- Winnicott, D. W. (1965). Ego distortion in terms of true and false self (1960). *Int Psychoanal Lib*, 64, 140–152.
- Winnicott, D. W. (1971). *Playing and Reality*. London: Penguin Books.
- Wiseman, H., & Reuber, M. (2015). New insights into psychogenic nonepileptic seizures 2011–2014. *Seizure*, 29, 69–80. <https://doi.org/10.1016/j.seizure.2015.03.008>.
- Wittchen, H. U., & Jacobi, F. (2005). Size and burden of mental disorders in Europe – a critical review and appraisal of 27 studies. *Eur Neuropsychopharmacol*, 15(4), 357–376.

[https://doi.org/S0924-977X\(05\)00075-1](https://doi.org/S0924-977X(05)00075-1) [pii];10.1016/j.euroneuro.2005.04.012.

Wittchen, H. U. , Jacobi, F. , Rehm, J. , Gustavsson, A. , Svensson, M. , Jonsson, B. , Olesen, J. , Allgulander, C. , Alonso, J. , Faravelli, C. , Fratiglioni, L. , Jennum, P. , Lieb, R. , Maercker, A. , van Os, J. , Preisig, M. , Salvador-Carulla, L. , Simon, R. , & Steinhausen, H. C. (2011). The size and burden of mental disorders and other disorders of the brain in Europe 2010. *Eur Neuropsychopharmacol*, 21(9), 655–679. <https://doi.org/10.1016/j.euroneuro.2011.07.018>.

Wolff, J. , Auber, G. , Schober, T. , Schwär, F. , Hoffmann, K. , Metzger, M. , Heinzmann, A. , Krüger, M. , Normann, C. , Gitsch, G. , Südkamp, N. , Reinhard, T. , & Berger, T. (2017). Arbeitszeitverteilung von Ärzten in einem deutschen Universitätsklinikum. *Dtsch Arztebl Int*, 117(42), 117–705. <https://doi.org/10.3238/arztebl.2017.0705>.

Wöller, W. , & Kruse, J. (Eds.). (2018). *Tiefenpsychologisch fundierte Psychotherapie*. Stuttgart: Schattauer.

Wu, H. , Liu, X. , Hagan, C. C. , & Mobbs, D. (2020). Mentalizing during social interaction: a four component model. *Cortex*, 126, 242–252. <https://doi.org/10.1016/j.cortex.2019.12.031>.

Yunus, M. B. (1983). Fibromyalgia syndrome: a need for uniform classification. *J Rheumatol*, 10(6), 841–844. www.ncbi.nlm.nih.gov/pubmed/6582267.

Zahavi, D. (2007). Self and other: the limits of narrative understanding. In D. D. Hutto (Ed.), *Narrative and Understanding Persons*. Royal Institute of Philosophy. Supplement 60 (pp. 179–201). Cambridge: Cambridge University Press.

Zahavi, D. (2010). Complexities of self. *Autism*, 14(5), 547–551. <https://doi.org/10.1177/1362361310370040>.

Zahavi, D. , & RoCHAT, P. (2015). Empathy not equal sharing: perspectives from phenomenology and developmental psychology. *Conscious Cogn*, 36, 543–553. <https://doi.org/10.1016/j.concog.2015.05.008>.

Zevalkink, J. , Verheugt-Pleiter, A. , & Fonagy, P. (2012). Mentalization-informed child psychoanalytic psychotherapy. In A. W. Bateman & P. Fonagy (Eds.), *Handbook of Mentalizing in Mental Health Practice* (pp. 129–158). Washington, DC: American Psychiatric Publishing.

Zevalkink, J. , Verheugt-Pleiter, A. , & Fonagy, P. (2015). Mentalisierungsorientierte psychoanalytische Kinderpsychotherapie. In A. W. Bateman & P. Fonagy (Hrsg.), *Handbuch Mentalisieren* (pp. 159–190). Gießen: Psychosozial-Verlag.

Zipfel, S. (2018). 200 years of psychosomatic medicine – and still more timely than ever. *Front Psychiatry*. <https://doi.org/https://doi.org/10.3389/fpsy.2018.00674>.