

Pictures that I Paint in my Head

“an attempt to understand how I think in the context of mirror neurons and their relationship to creativity”

She arrived on time and flowed through the door with a nymph-like quality, sat on my couch and looked over at me. She had difficulty speaking, almost as if something she needed to provide fluidity of words had shut down. Her sentences were short, halting and required a great deal of her energy to communicate her thoughts in words. I felt strained by listening to her. My mind began to wonder about how I was going to be able to connect with her....Although I wasn't aware of it, this was the beginning of my dissociation from her.

According to Giacomo Rizzolatti (2006), “Mirror neurons allow us to grasp the minds of others, not through conceptual reasoning but through direct simulation: by feeling, not thinking” (p.1). This presentation offers a clinical description of the understanding of the use of mirror neurons between patient and therapist, in order to understand lapses and facilitation of vitality and creativity, and thus how patients and therapists move in both directions. I propose that as a result of a mirroring experience that might be too painful to be acknowledged and thus dissociated, a muse appears allowing the therapist to become aware of the dissociated piece, which remains preconscious until it cannot be ignored any longer. The way that I think about this idea is that the therapist's mind is being prodded into a more playful state. Once the muse is activated, its presence allows

the dissociated piece to become fully conscious. I attempt to show how my muse is conceptualized and where it originates in my mind.

I have loved to put brush to paper and create color and form since I was a very little girl. It feels soothing, exciting, and I can let go of my mind in a way that happens rarely outside of this experience. Something similar occurs when I am doing clinical work. I have always known that I have had a presence of images in my mind, when I am working with a patient, and I am associating in a particular way, which seems to follow an interesting pattern I find surprising. I will be thinking, perhaps commenting on an exchange between a patient and myself and a thought or image will buzz around my head in a kind of subliminal way until I finally pay attention to it. It's like a pesty insect that keeps coming back until I become annoyed enough to pay attention to it. Once I take notice and somehow try to relate it to what is going on with a patient, I am always surprised at its accuracy and relevance. It is as if something unbidden has arrived, like a little muse assisting me in my work, and I almost want to say "aha" followed by "thank you mind" for coming up with something like an extra tool to assist me. I can now use it. The toolbox has opened up. It is similar to having an analytic third or reverie, but only seems to exist in my head.

My use of my muse and its' relevance is not always observable to me due to prohibiting co-constructed dynamics of the dyad , which will not allow me to be involved in that kind of exchange only with myself . Systems can shift into new forms only if the system is

sufficiently variable and flexible that perturbations can shake up old forms (Beebe et al., 2000).

Related to the concept of mirror neurons and my muse, is Ogden's term, "analytic third" a concept describing the interplay of three subjectivities: the analyst, the patient and the two together. Ogden (1999) described the analytic third as a vehicle for understanding the conscious and the unconscious experience of the analysand. Therefore the analyst must be available to the input. (p.483). In contrast, as I will show in my clinical work, my process was more about my reaction in my mind rather than my reaction to her mind.

Another concept which may be brought to mind is analytic "reverie" Ogden described the term according to Bion, the analysts' active receptivity to the analysand, but he extended it to a collection of psychological states that seem to reflect the analyst's narcissistic self- absorption, obsessional rumination, daydreaming , sexual fantasizing , etc. (p.470.) The muse process is one which moves me out of self absorbed, obsessional states into to one which reminds me of what I may be unaware of with this patient.

Daniel Siegel's (1997) discussion of the term resonance in his book, The Developing Mind may be illuminating. He described the term resonance as an overall process of attunement leading to mutual influence of each member on each other. It is more than alignment of states, and includes ways in which the interaction affects the individual in other aspects of his mind (p.281). This neurobiological event according to Siegel, allows therapists to use their own mirror systems to understand a client's problems and generate

empathy. If we watch someone experiencing something, our mirror neurons, analyze the situation and literally re-create the feeling in our brains. Similarly, Dr. Andrew Meltzoff, (2002) at the University of Washington has published studies showing that infants who, at only a few minutes old will stick out their tongues at adults engaged in the same action.

Other recent studies on mirror neurons may play an important role in explaining this phenomenon of how I think. According to Giacomo Rizzolatti, (2004) a neuroscientist at the University at Parma, Italy, the human brain has multiple mirror neuron systems that specialize in carrying out and understanding, not just the actions of others, but their intentions, and the social meaning of their behavior and their emotions. He said, “ we are exquisitely social creatures, and our survival depends on understanding the actions, intentions and emotions of others.” This discovery is influencing thought in many disciplines including culture, empathy, philosophy, language, imitation, autism and psychotherapy. Mirror neurons are found in several areas of the brain in the pre-frontal cortex, posterior parietal lobe, temporal sulcus and the insula and they fire in response to chains of actions linked to intentions. Mirror neurons work best in real life, when people are face to face says Marco Iacoboni, (1999), a neuroscientist at University of California, Los Angeles.

Interestingly, even Al Gore (2006), in his current book, The Assault on Reason, states that physiologists have recently discovered a new class of neurons called mirror neurons, that create a powerful capacity for empathy (p.31). Gore continues in his discussion of mirror neurons stating that therapists first discovered the powerful phenomena of

vicarious traumatization well before the discovery of mirror neurons that explains how it works. He quotes, Dr. I Lisa McCann and Dr. Laurie Ann Pearlman as offering the original definition of vicarious traumatization as “the enduring psychological consequences for therapists of exposure to traumatic experience of victim clients.”

Persons who work with victims may experience profound psychological effects, effects that can be disruptive and painful for the helper and persist for months or years after work with traumatized persons.” (Gore, 2006). This may help to explain why sometimes it may feel necessary for therapists to dissociate from a patients’ experience, since what may be experienced is too painful to be known by both members of the dyad.

Philip Bromberg (2006), in his most recent book, Awakening the Dreamer, took up the issue of dissociation and described it as a “defense unlike any other since it protects the self by controlling unsymbolized traumatic affect that it cannot regulate.” (p. 7). He argued that both the patient and the analyst may oppose this voice until it becomes awakened and present for exploration within the dyad. An act of recognition occurs in which words and thoughts come to symbolize experience . For the therapist, this act of recognition may be preceded and prodded by what I call a muse, which quietly cues one that dissociation may be going on and the individual is being led back to the process of what might feel too painful to be known.

I will describe a clinical vignette in which this muse intruded itself into my work, becoming a resource to facilitate my empathic resonance with a client with whom I was

having difficulty connecting . At the time we were both having such similar experiences in our lives simultaneously and each dissociating from painful states .

Her presenting problem was related to whether she should continue her quest for a licensing exam in a field in which she had very little interest . She described her life with minimal affect, little eye contact, and rarely showed positive or negative emotions in an expressive manner. She seemed devoid of anger and excitement and was stuck in terms of what path to follow. Her sentences were truncated as if someone was not allowing her to complete her thoughts. She had a young child which she seemed to be very fond of and extremely close relations with her family of origin and she and her husband spent most of their time with family, almost as if he joined their nest. When sessions were ending, I was aware of my uneasiness and questioned myself about how well I had connected to her. Something felt like it was missing but I could not identify the void.

Embedded in her deadness was a long struggle of taking on a career she did not love. In that resurgent struggle to launch into her new career, she decided to abandon it and unexpectedly became pregnant. The thought of a new life filled her with excitement.

During the early part of our treatment, my closest friend was diagnosed with a terminal illness. My patients close relative also surprisingly was diagnosed soon after and was facing a rapid decline. At the same time my friends' daughter announced her pregnancy when her mothers' diagnosis was received.. An oscillation and fluttering of life and death in a parallel process began to occur, yet it was not known to me consciously at the

time (Lillas 2007). As her new life was coming, death was accompanying it, and a parallel process was going on in my life. After the fact, looking in retrospect, I was able to realize that much of my frustration with my connection to my client now could be recognized. She had been representing so much of what I was feeling, but unaware of at the time, a juxtaposition of life and death.

After six months of seeing this patient, she wanted to have a break from our work in August for a much needed rest and vacation. She was one of many who were traveling and all of a sudden finding many more important things to do than to come in. Was it me? Was I drying up? I was feeling bad about myself and my tie to her. I was unsure about her return and felt very validated when she answered my call as to whether she would be returning for a pre arranged visit scheduled before she left. Haltingly she stated, “Oh yes, I really need to come in and talk to you. A lot has happened and I need to see you.” I immediately felt calm. I was needed by her and she recognized it. I felt important to her and no longer so uneasy about our tie. She stroked the piece in me that needed to be validated, but could not admit that need to myself.

She arrived as usual, a few minutes late. She carried her waif like body through the door and I noticed that although she was pregnant, she barely showed any signs of it and seemed to look as she did at our last visit, sort of un-pregnant. It made me somewhat uncomfortable that I couldn't see a noticeable change and she seemed to quickly pull her blouse tightly over her stomach to show me her bump. She had very fine features with

very light skin, dry looking and wavy auburn hair. She never made much eye contact and would look over at me when she was finishing a thought.

While seeing her I often would be perturbed by an image of a figure in my mind. I kept having this image that was pestering me. It was something in my head but almost outside of my experience like a mosquito at the edge of my peripheral vision. I knew something was there and I kept trying to swat it away but it was persistent. Then I saw it. It was the image of a brooch that I often wore that was a cameo of one of Modigliani's Redheads. I had always found the brooch fascinating and wondered why he had painted redheads often. What did they represent and what did this image represent to me. Then it came to me. My patient and I were both redheads. The redhead brooch and my muse alerted me to our similarity and the fact that the two of us had been locked into a dissociative state and now were becoming freed from this.

Vittorio Gallese, (1996), a neuroscientist at Parma University directs us to the idea that art exploits mirror neurons. Gallese says when we are seeing Baroque sculptor Bernini's , hand of divinity grasping marble, you can see the hand as if you are grasping at the flesh. Experiments show that when you read a novel you memorize positions of objects from the narrators point of view. The muse had pestered me and it accomplished its goal. I was now looking in the mirror and I could think about our parallel experience and feel the emotions related to them in a more conscious way which allowed me to be free to attune to her.

After I presented the situation to some colleagues regarding this case, the group presented me with comments such as describing it as a word picture of life and death occurring simultaneously. It was exciting to think that my words had created images in my colleagues' minds. Maybe what my mind was doing was helping me to link things that might be dissociated in some way so they come to me in a different form. It was some form of linking agent, that keeps me connected to my patient, but one that arrives in a playful, abstract manner and not in a logical left brain trend of thought . The muse became a resource to facilitate my empathic resonance with a client I was having difficulty connecting to and had no idea why.

Daniel Siegel (1999) talks about the implications of mirror neurons in the transference/counter-transference configuration. Since our last meeting, after her return I had been thinking about how much has changed in both of us. She seemed to have so little energy and she was trying to grow new life in her which has all of a sudden shown its' prominence through the pronounced bulge in her tummy which seems so big since our last meeting, a week before. As a mature therapist , beginning my early sixties, I was appalled and unsettled by the amount of deaths and illnesses of close family and friends. Three close family members had died in one week, and there was so little time to process and mourn these important losses. Yet in a weeks time, I felt suddenly pregnant with joy and hope about our relationship and what had been unlocked by the muse. Weeks before I had also been in a frozen state about my own cumulative losses and now I

was able to experience my own mourning more freely and even deliver a eulogy for a close relative.

As her pregnancy progressed, she began to talk about and relate to the loss of her terminally ill parent which resonated to her own babyhood cut short by the unexpected birth of a sibling . She engaged in the mourning of her own abruptly ended weaning and babyhood as well as identifying with the feelings of her toddler who might be having the same experience as she did. I was able to become more engaged in some of my own losses with which I had been inundated, through attending to her experiences.

Acting almost as a midwife, I listened to her description of her first long and difficult first birth. She said she needed to revisit the experience before going on to her second birth. Her emotions and feelings seemed more fluid as she went through our process and her second birth. We were now interacting with one other in a more reciprocal less obstructed manner. As I could feel rage, she could feel her rage and when I was able to tune into my own feelings, we could both move from a state of dissociation to resonance.

I had also wondered if her own mother may have shut down her emotions when she saw my patient bid for her attention as a toddler when she was so overwhelmed with a second baby. Could she also be looking in that mirror seeing her own needs and needing to shun them? When my patients' second child was born she was shocked by her own feelings of rage and disappointment toward her first child. Yet we could process these feelings

together in a safe environment where she could now be supported with these uncomfortable feelings and not have to shut them down.

With the death and loss of a close in law, she began to express anger and rage as well as joy and excitement. She and her husband seemed to be generating exchanges of these emotions which led them to communicate about some long standing issues. In an article titled "Turning Adversity to Advantage," the authors ask us to consider the importance of both positive and negative affective processing, especially when dealing with a major life stressor. The limited protective states of either reflexive withdrawal or denial by an individual will do little to increase adaptability. (p222, Larsen et al.)

Her newborn arrived at all of our sessions and became a symbol of vitality and joy to which we both responded. We shared the joy of the event of her baby's birth and her own mothers' newfound happiness about my patient increasing her family and not pursuing a career that she had no interest. Through the presence of mirror neurons firing in my brain and my patients' brain, and the use of my muse, we were able to pull each other out of a dissociated state and into a state of resonance. We were living in a state of deadness and my muse helped me to recognize my patient's deadness and pain and brought me into vitality.

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Bibliography

- Beebe, B., Jaffe, J., Lachmann, T., Feldstein, S., Crown, C., and Jasnow, M (2000) Systems Models in Development and Psychoanalysis: The case of vocal rhythm coordination and attachment, *Infant Mental Health*, Vol. 21(1-2), 99, 1-122 (2000)
- Bromberg, Philip M., (2006) *Awakening the Dreamer: Clinical Journeys*, New Jersey, Analytic Press
- Gore, Albert (2007), *The Assault on Reason*, London, Penguin Press
- Gazzola, V., *Aplastics born without hands mirror the goal of hand actions with their feet*, July (2007) *Current Biology* 17, 1235-1240
- Iacoboni, M., *Neural mechanisms of imitation*, (2005), *Current Opinion in Neurobiology*, 15:632-37
- Iacoboni, M., Dapretto, M., (2006) *The mirror neuron systems and the consequences of its' dysfunction*, *Reviews*, Vol. 7:942-951
- Larsen, J.T., Hemenover, S.H. Norris, C.J. & Cacioppo, J.T., (2003). *Turning adversity to advantage: On the virtues of the coactivation of positive and negative emotions*, In L.G. Aspinwall, & U.M. Staudinger, (Eds.), *A Psychology of Human Strengths: Perspectives on an emerging field* (pp. 211-226). Washington, D.C: American Psychological Association.
- Lillas, C. (2007) *Personal communication*
- Meltzoff, A.N., Pring W (2002), *The Imitative Mind. Development, Evolution and Brain Bases*, Cambridge, U.K., Cambridge Univ. Press.
- Rizzolatti G. Craighero, L., (2004) *The Mirror Neuron System*, *Annual Review Neuroscience*, 27:169-92
- Rizzolatti, G., Fadiga, F. Gallese, V. Fogassi, L., (2006) *Premotor cortex and the recognition of motor actions*, *Cognitive Brain Research* 3, ,131-141.
- Rizzolatti, G., Fogassi, L., & Gallese, V. (2006) *Mirrors in the mind*, *Scientific American: Neuroscience*.