The Importance of Breaking Rules—Therapy, Art and Integration

By Kate Cohen-Posey

It has been more than fifteen years since I began integrating art with ego-state work. Evocative images can personify distressing thoughts and emotions, or become a projective device for discovering strengths, abilities, and inner resources. My approach has gradually evolved to include mindfulness, somatic, and brainspotting strategies. I currently use Brain Change Cards (BCCs) that illustrate hurt, fearful, angry, critical, pushy, pleaser, avoiding/tempting, and also uplifting images, in a set of image-cards. One of my rules when using BCCs is not to tell clients the origin of a picture except when I obviously should. How does this work?

Case example

It is a bright June morning. My first client of the day, “Julie”, had missed her two previous appointments due to labor contractions from an over-stressed womb that was all too eager to release the fetus it holds. But now the baby is viable, and labor is set to be induced in five days. Meanwhile, Julie is grieving the separation from her 10-year-old daughter, Myshell, who is visiting her grandmother in a Central American country. But, now her daughter doesn’t want to return to America. If she stays longer than three months, she will not be able to return for five years, and her mother will not be able to visit her for several months due to green card issues and the convoluted immigration laws. Julie had warned and implored her daughter of this consequence to no avail. Now she talks to Myshell on the phone, but avoids feelings. Any questions that might evoke loss, regret, and distress generated by ex-in-law or pre-teen dramas are forbidden.

Lately, Myshell has been tip-toeing on the edges of emotions: she misses her dog; she sends her mother pictures she took of herself and her new stepfather, with whom she had just bonded before she left; and she has her new school friends call her mother to sing Happy Birthday. But, Julie explains, “I cannot encourage these feelings. There’s nothing I can do to help her at a distance of thousands of miles.”

Did you notice the entrée into therapy that Julie provided? Accepting her “invitation”, I say to Julie, “It sounds like a part of you is saying: You cannot help her. Which of these eight ‘inner-critic’ pictures might represent that part?” She picks a thumbs-down card squishing a tiny person and elaborates that this part of her is stating she is not strong enough to be helpful. She can feel hot pressure in her chest and her heart rate zooms. I wonder if there is an eye position (i.e., a brainspot) that will amplify those sensations even more. Julie is precise: when she looks to her left and down, heat rises; however, her activation of sensations returns to neutral pretty quickly by being mindful of body sensations and focusing on her brainspot. She smiles, but looking again at the belittling image and thinking of her circumstances brings back the previous sensations, full force.

We take time to look through 24 uplifting images. She feels totally connected to a woman wielding a sword, loves the calm spirituality of two trees lit by a setting sun, and says the butterfly perched on the turtle’s nose is a rare moment that needs to be cherished. It soon
becomes apparent that the woman with the sword is friends with the thumbs-down card. Julie had always felt so strong and believed she could do anything she set out to accomplish, but she cannot navigate the daunting immigration maze. So now she is weak. I ask Julie to silently ask the thumbs-down card if it realizes that there are limits to what Julie can achieve. There is no reply. Angst crashes back like a tsunami.

I know what a resilient woman Julie is and that focusing on her images of calm spirituality and cherishing the moment will quickly soothe her body. Indeed, a sense of peace returns as she gazes at the uplifting images that (I know) are activating her left prefrontal cortex (PFC), inhibiting her amygdalae (anger/fear centers), and activating a release of motivating, focusing, energizing dopamine that always accompanies other rewarding neurochemicals. This time she is at peace when there is no answer to her silent query: Do you realize Julie has limits?

End of session, right? Wrong! I cannot resist. I tell Julie that butterflies alighting on the tips of turtles is a common occurrence in another Central American country, Ecuador. The butterflies are having their afternoon tea, in a process known as “tear-feeding”, which the slow-moving reptiles seem so willing to provide. I tell Julie, “This is how you can help Myshell: lightly drink in any tears she might provide, but this can only be done if you encourage her to share her regret and loss from self-inflicted exile.” Then I say, “The woman with the sword is indeed strong, but she will be burned at the stake for the task she has taken on—she is Joan of Arc. Being strong has its downside.” By giving the name of one picture and the origins of another, I’ve just broken my first rule of incorporating art into psychotherapy: Do not tamper with clients’ personifications and projections.

**Integrative Psychotherapy**

According to the Institute for Integrative Psychotherapy (http://www.integrativetherapy.com/en/integrative-psychotherapy.php), an organization approved by the American Psychological Association to offer continuing education, integrative approaches combine two or more methods in ways that each therapy enhances the other. Clearly, my session with Julie is an integration of ego-state, mindfulness, brainspotting, and somatic therapies. But is it something more?
Ego–state therapy

Ego–state therapy is readily apparent when the therapist says, “It sounds like a part of you is saying, You cannot help (your daughter).” I think of ego–state therapy as a divide-and-conquer strategy. Julie is now less identified with her thought, I cannot help Myshell, and there is a hypnotic implication that something else within her might believe otherwise. Assagioli (1965/2000) called it disidentification in his psychosynthesis approach. Many years later the originators of acceptance and commitment therapy called this phenomenon cognitive defusion—that is, people are less “fused” with their thoughts via observing, reframing, or externalizing them (Hayes, Strosahl, & Wilson, 1999). Around the same time, Eugene Gendlin (1997) took ego states one step further, stating that we are the sum of many interacting processes. Julie’s thought has been reframed as a part, creating distance between it and something else that makes room for presence. Ann Weiser Cornell (2005) describes this presence as a state of being that is able to be and interact with anything with openness, compassion, and patience.

After reframing Julie’s thought as a part, I ask her to choose one of eight pictures that could personify this subpersonality. The picture of a thumb squishing a tiny person yields more information: Julie is not strong enough to be helpful.

Not only are pictures excellent tools for externalizing inner voices, they help people to elaborate their thoughts and feelings through free association. Now distance can really be created. People may keep a personified thought close to them or place it far away. I could have asked Julie where she would like to put the thumbs-down picture. One of the eight inner-critic pictures in my set of cards is so piercing that, when chosen, clients often recoil and ask that it be sent to a far corner of the room.

Neuroscience Explanation

Why so much reactivity? Neuroscience offers ready answers. In The Emotional Life of your Brain (Davidson & Begley, 2012), Richard Davidson explains that in the early years of his career, videos of amputations and burn victims caused electrodes with access to the right PFC to light up like a Christmas tree, while comedies and merry-making spiked left PFC activity. Astonished by these results, Davidson delved further. He found that videos of an actor crying vs. laughing had similar effects on ten-month-old babies, and lemon water vs. sugar water produced these asymmetrical PFC reactions in six-week-old infants. Apparently our left PFC has specialized in helping us seek our heart’s desires and the right PFC has taken on the task of avoiding events that might be dangerous or disgusting.

In 2012, Davidson began playing with fMRI tubes that could “see” subcortically. Instead of having subjects view videos, he projected visual images on the top of the tube. As expected, uplifting images activated the left PFC, but they also inhibited the amygdala and prompted a release of dopamine from the brain’s reward center (nucleus accumbens). In contrast, distressing pictures caused activity in the right PFC and ramped up the amygdala. Research on this left–right PFC asymmetry has been replicated many times. At the University of Florida, the Center for the Study of Emotion and Attention is developing the International Affective Picture System.
(http://csea.phhp.ufl.edu/media/iapsmessage.html), which provides normative ratings of emotion from color photographs that can be accessed by people doing brain research.

**Visual vs. mental imagery**

Visual imagery is not a part of traditional subpersonality work in ego–state therapies. Clients are encouraged to visualize inner voices and create a “conference” room where they can meet (Watkins, 1993). In Richard Schwartz’s original text on internal family systems therapy (Schwartz, 1995), the positive players are not invited to the party; rather, “the self is invisible; the self is the seat of consciousness, the place from which a person sees and interacts with his or her parts” (p. 220). He describes the self as having many assets (compassion, clarity, calmness, curiosity, and so on), but he would not encourage these to be portrayed in any way.

Neuroscience research shows that visual and mental images affect the brain differently. Both cause activation of the brain cortex, but mental imagery can be done with eyes closed, rendering the occipital lobes unnecessary. Visual images lack subvocalization coordinated by left hemisphere verbal centers (Ganis, Thompson, & Kosslyn, 2004); however, they do require the use of the optic track that terminates in the midbrain and triggers the cushion of the thalamus (the pulvinar) to initiate microsaccades (involuntary eye movements) to maintain visual attention. The visual tract also tickles the “upper hill” (superior colliculus) of the midbrain that directs gaze and focuses attention on autobiographical memory (Corrigan & Grand, 2015).

This direct line from visual image to superior colliculus to autobiographical memory was demonstrated in one of my neuroscience seminars when an astute participant asked his partner to choose a picture that represented her default emotion of shame. She picked *The Slave*, an image from a 1920s magazine, and gasped at the memory that came flooding back to her of an eighth-grade classmate whispering in her ear on several occasions that she should have died in the gas chambers—an immobilizing event that had not occurred to her in years. This idiosyncratic interpretation had nothing to do with the actual picture of the two body builders, or the more common personification of codependent personality parts wanting to drag spouses out of addiction.

**Somatic therapy, mindfulness, brainspotting, and memory reconsolidation**

Revisiting Julie’s jam, we can now understand how a picture depicting her limiting, hopeless thoughts could help her access hot pressure in her chest and a rise in heart rate. Including visual images in therapy operates on the premise that what you look at affects how you feel. As if heat, pressure, and a racing heart were not enough, she is then asked to follow the tip of a pointer as it moves horizontally across her visual field to find an eye position that increases these sensations. This is brainspotting, which has as its motto: “Where you look affects how you feel.”

At this point you may be wondering why a therapist would want to intensify emotions in a woman who is scheduled to deliver a baby in five days, so I will disclose my thinking behind my actions: I am a fairly agnostic person, but I fully believe in the power of positive pictures to calm people. I also know that when I keep Julie focused on her now easily observed sensations, that
her insula, tucked between her temporal and frontal lobes, will return her body to homeostasis. I’ve witnessed this phenomenon hundreds of times.

More importantly, I believe the research on memory reconsolidation. It is well known that learning that occurs in the presence of strong emotion becomes stored in memory circuits that are exceptionally durable. This is a fundamental thesis of how traumatic memories can seem so stubborn and impervious to change. It makes sense, then, that for change to happen the facts of an event or the words of a thought must be accompanied by the same reflexive emotions that instilled them. In addition, while emotions are volatile, a novel perception and emotional tone must occur that mismatches the target memory or thought (Ecker, Ticic, & Hulley, 2012).

I know that not all clients can tolerate heightened body sensations with a simple dual focus on their bodies and the tip of a pointer. If Julie had had racing thoughts (e.g., I can’t handle this, What if I lose control?), I knew I could pull out beautiful images that would rapidly release dopamine, endorphins and more to dilute the adrenaline charge of her stressful experience. But Julie is a trooper. She stays focused on sensations, demonstrating the power of mindfulness to have a deeply calming effect. We have begun to mismatch Julie’s limiting thoughts and related emotions with the effects of mindful observation.

**Naming inner strengths and resources**

Julie’s new-found quietude needs to be tested. I ask her again to look at the belittling picture (the thumbs-down card) and, sure enough, the same sensations return. I could have asked her to repeat the brainspotting exercise—dual focus on body sensations and a spot (eye direction) that accentuates them. Often homeostatic calm returns more quickly with repeated reactivations, bringing novel perceptions. Alternatively, repetition may elicit recall of an underlying disturbance feeding current destress. But time is limited, and 24 uplifting pictures are waiting to facilitate a vivid experience that can more fully contradict Julie’s feelings of helplessness.

As Julie looks through these images, her demeanor quickly changes. She is asked to choose ones she likes for any reason. She has found seven or eight cards, but three of them have the strongest pull for her. Asking what she likes about each one reveals more information. The sword-wielding woman reminds her of her former indomitable self. The question, “What do you like about the picture?” exposes thoughts of ambition being turned to ashes. This image may be more humbling than helpful. However, a sense of enchantment falls on Julie as she gazes lovingly on the sun-bathed trees. This time the valence of the image remains positive. She explains that when she is upset, just standing next to a tree is deeply calming. This is named as a resource for spiritual calm.

Julie gropes for words to describe what draws her to the turtle and butterfly. “It is such a rare sight and must be cherished in the moment,” she says. Perhaps this is what Hill and Rossi (2017) call numinosum, or wondering and amazement at a novel stimulus. This is an inner resource I have not previously encountered. Hill and Rossi postulate that novel, numinous moments induce neurogenesis. Skeptics might question such a bold assertion, but the amateur neuro-chemist in me knows that heart-stopping moments of awe are likely to cause a release of acetylcholine (ACh). This lovely neurochemical is the gasoline that runs the parasympathetic nervous system (PSNS). A breath-catching moment of fascination will be followed by a long exhale that causes a
release of ACh from the vagus nerve. This PSNS superhighway will jump-start other rest-and-
restore nerves to eject ACh from their synapses. ACh is the architect in whose hands the
hippocampus and prefrontal cortex (memory encoder and long-term storage units) become putty
or plastic. Because ACh helps grow new PSNS nerves, it is a key ingredient in dementia drugs.
So now Hill and Rossi’s novel numinous–neurogenesis effect makes perfect sense and, voilà,
Julie has accessed it.

Dialogue, hypnotic language, and neurochemicals

With Julie spiritually renewed and wonder awakened, I suggest that she silently ask the thumbs
down card: Do you realize that Julie has limits? When there is no reply, the void is filled with
anxiety. Julie’s reaction to a part’s silence is atypical. Usually when subpersonalities cannot
answer a query, people are calmed. “It’s finally quiet—what a relief,” they say. But Julie
believes so strongly that she is unstoppable, or she wants to tangle with her ex-mother-in-law
who (she believes) has lured her daughter to Central America, that the quiet creates cognitive
dissonance. Her plaintive facial expression says, But I don’t have limits.

Let’s pause here and consider why Julie is asked to speak silently to the part that is fixated on her
inability to accomplish the impossible. Some reasons are obvious. We all talk to ourselves; it’s
natural. fMRI studies reveal little-known facts about the difference between thinking and
speaking. Counting aloud activates the motor cortex. Counting silently activates the frontal lobes
(Newberg, d’Aquili, & Rause, 2001). During therapy we want people in their frontal lobes, the
repositories of both thinking errors and apparatus for discovering new knowledge.

More importantly, questions can be hypnotic as they narrow the focus of attention and initiate an
inward search. Daniel Kahneman (2011) states that questions stump people. Momentarily
confounding the brain’s verbal centers creates an opportunity to subtly suggest new ideas. The
above question employs a particular type of hypnotic grammar: it presupposes that this part of
Julie can realize that she has limits and may also imply that limits are part of life. Beginning a
question with the words, “Do you realize…?” is a double bind. Even if she answers “No,” she is
agreeing that she does have limits but doesn’t realize them.

According to Ann Weiser Cornell (2005), a question—or even better, a suggestion—creates an
inner relationship where “I” and something else are connected by a verb (noticing, observing,
sensing, realizing, etc.). This something, or ego state, is an “it” with feelings and viewpoints, and
“I” is the presence or state of being that can be with anything with openness, compassion, and
patience. The philosopher Marten Buber (1923/1971) would say an “I–it” relationship has
become an “I–thou” moment of meeting. Two entities (ego states) are acknowledging and
contending with their difference. The still small voice (1 Kings 19:11–13) of presence has been
released from its sepulcher that overshadows it with the din of agenda-driven voices vying for
dominance. But presence lies in wait, longing for opportunities to pull parts towards genuine
meeting.

Is it a good thing or a bad thing that the do-you-realize-Julie-has-limits question evoked angst?
This is a no-lose proposition. If she had had the typical response of relief, it would have meant
that a driven subpersonality had been stumped long enough to hear wisdom from within, which
knows there is a soft strength that lies beyond cutting through immigration law and slaying
mother-in-law dragons. Although silenced, Julie’s determined personality part is not ready to listen. A return of distress simply provides another opportunity for mismatching.

The anxiety that quickens Julie’s heart and brings hot pressure to her chest is brought to her courtesy of adrenaline. Her amygdala has sent lightning-quick neural signals to her adrenal glands that release the hormone bearing the family name. Adrenaline will take blood from her forebrain and send it to her body for fighting and fleeing. Julie is encouraged to notice her adrenaline-soaked sensations as she gazes at her resources for calm, numinous wonder. Mind-quieting, tranquilizing GABA slows the rate of neural firing; both it and the heart-be-still ACh neurochemicals invite dopamine for a rewarding dessert. Dopamine and ACh are tag–team players that return blood to the forebrain, mismatching the adrenaline effect. Now the question, Do you realize there are limits to Julie’s strength? muzzles the part of her that equates power with the force to fix others’ problems.

Another dialogic/hypnotic comment might have been suggested to her deprecating part: It’s good that you’re telling Julie she is not strong enough to help Myshell so she can surrender her fixed notions and discover new ideas. Subvocal voices soften when they are validated and become harsh and unyielding when told to be quiet. Utilizing the personality part’s misguided agenda makes opposite outcomes almost irresistible.

But continued dialogue was not the path her therapist chose.

**Quantum leaps**

At the very least Julie and I have formed a complex system in which we are interconnected and interdependent (Hill & Rossi, 2017). She is affecting me as much as I am influencing her. Our minds are joined at the hippocampi. Mine has just done a Google search and found relevant data on the hard drive of my brain cortex that Julie does not have. I know that the butterfly alighting on a turtle is not a happenstance event, but that the genus of *Dyrus iulia*, or Julia butterflies, are a common enough sight in Ecuador to be captured by a photographer’s lens. They are actually sucking vital minerals from the turtle’s tears that are generously offered to maintain the correct balance of salt in these slow-moving reptiles. What a juicy metaphor for using Myshell’s feelings to feed their relationship by sharing intimate emotions through cyberspace. Julie can emerge from her chrysalis as a Julia butterfly—a catalyst for change.

Julie had not recognized Joan of Arc in the WWI stamp meant to inspire the U.S. into action. Was it necessary to remind her of this revered woman’s unfortunate demise to demolish her up-close-and-personal version of strength and replace it with the notion that small actions can have big impacts in what is known as the butterfly effect (Lorenz, 1972)? Bill O’Hanlon (1987, p. 72) noted that the origin of “metaphor” comes from the Greek *pherein* (carry) and *meta* (beyond): “The function of a metaphor is to carry knowledge across contexts, beyond the initial [framework] and into a new one.” Now, in addition to the butterfly and turtle being a rare numinous sight for Julie, she can be gently guided toward the idea of tear-feeding being the power to help Myshell release suppressed emotions.

**Mirror neurons, movement, and archetypes**
This case example and analysis only begins to explore the varied uses of visual images in therapy. At my neuroscience seminars I can often tell which picture participants have chosen by their postures and body movements. Are such displays evidence of the activity of mirror neurons? Mirror neurons are active when people carry out a motor act and when they observe other individuals performing similar actions. These neurons have been found in the vicinity of the motor, sensory, and spatial (parietal) cortices. When observing others, we may be incited to feel their emotions, imitate their movements, and know their intentions prior to any conscious awareness of same. Will motor neurons be activated by looking at a picture? Make your own discoveries by noticing what your body wants to do when you take a few moments to gaze at this painting by William Blake (c1826).

Do you notice your eyelids and brows pulling upwards? Does your mouth open wider? Do the corners of your mouth pull backwards? Do you have an urge to reach upward or dig at your scalp? Is there more energy in your legs making you want to run? Even if you can only subliminally discern facial expression, your mirror neurons will be able to imitate them and, possibly, interface with other neural networks that trigger a release of adrenaline.

A client, “Wayne”, taught me to make use of mirror neurons and movement. He picked the Blake painting to personify his family’s “curse” of not finding work. Although Wayne had become calm by looking at his uplifting image, when he looked back at the cursed running man he said, “His left foot is forward and that is not a good sign.” I had no idea that leading with the left foot was a bad move but, following Wayne’s lead, I asked him to assume the man’s posture. To gain an implicit understanding of his experience, I followed suit standing behind him. This was not an easy pose to hold so I asked Wayne to notice what his body wanted to do. He said, “I want to turn around and face the ball.” We both did this and now our right feet were forward. I continued to suggest to Wayne that he pay attention to his body. Now he felt tingling in his hands telling him to crush the ball. I moved to face him, offering the backs of my hands for resistance. After a few moments of pushing, Wayne put his arms down, stood erect, and said he felt present. The thought had come to him: I’m going places.

I did not tell Wayne how Blake had titled the picture, but his choice of this card over seven others and his description of it made me think deeply about Jung’s collective unconscious and archetypes. Why had Wayne picked a picture of Cain fleeing after killing Abel to represent his family’s curse? And I wondered about Julie’s spiritual calm whilst viewing one large and one small tree illuminated by the setting sun. Other clients have chosen this card because it looks like the older tree is nurturing the smaller one (causing a release of oxytocin?). Is this mere anthropomorphism, or reflecting some ancient wisdom?

Peter Wohlleben (2016, p. 34) explains in The Hidden Life of Trees that small beech trees (80 years old) stand under mother trees (about 200 years old): “Their mothers are in contact with them through their root systems, passing along sugar and other nutrients . . . nursing them.” When the mother tree dies 200–400 years later, “the gap that opens up in the canopy gives the remaining members of the kindergarten the green light, and they begin photosynthesizing. . . . The trees grow sturdier leaves that can withstand and metabolize bright light.”


**Polyvagal theory**

I wonder also whether this nurturing of “baby” trees even suggests activations of Steven Porges’ (2011) social engagement (ventral vagal) system that can manage fight–flight mobilization? The turtle and butterfly picture offers a more obvious suggestion of social engagement, perhaps spurring the ventral vagus nerve into action. Most clients see this photo as an ability (resource) to make connections with others. At my seminars, participants generally identify more blatant images for social engagement: Rembrandt’s *The Prodigal Son*, Michelangelo’s *The Creation of Adam*, and more. We discover two kinds of mobilization—adrenaline-arousing, like a *Fleeing Cain*, or a dopamine-driven *Joan of Arc*.

What about Julie’s thumbs-down picture? It certainly does not suggest social engagement, but neither does it denote mobilization. However, it is an apt representation of Porges’ freeze system and Julie certainly felt frozen in her desire to help her daughter. (And my seminar participant felt frozen by her classmate’s lurid whispering in her ear and similarly chose an immobilizing image.) Although I had deemed *Joan of Arc* as negative because she reminded Julie of her former self, maybe I missed the mark—mobilization is needed to manage the more primitive dorsal vagal freeze system. Now, I even had Porges on my team, justifying the use of pictures as a treatment tool.

**Evolving Psychotherapy**

I’m often asked how I started using pictures in therapy. The story begins with my two-and-a-half-hour introduction to ego–state therapy by David Grand at an EMDR (eye movement desensitization and reprocessing) conference workshop. I came home never to practice therapy the same way again. I still used EMDR for clear-cut cases of trauma, but for all other issues I began fracturing clients into personality parts and coaching them to initiate Buber-esque dialogues. Some people readily named their parts: I met “Mr. Nasty” who told Alice she enjoyed her step-father sliding his hand between her legs; the “Reverend Oscar Charles Dawson” (OCD) who visited Karen when her husband was out of town and plagued her with thoughts of dastardly acts she might commit at home, alone; and “Miss Oh” who can see the big picture and make Rebecca’s problems seem miniscule (Cohen-Posey, 2008).

When I read the *Tao of Pooh* (Hoff, 1982) describing the gloomy Eeyore, fretful Piglet, pompous Owl, a chatty Rabbit who thinks he’s clever, and Pooh who just *is*, I began importing all sorts of stuffed animals and other props to help clients represent their inner characters. One woman clung to my stuffed Cheshire cat as though her life depended on him whilst talking about the difficult people in her life. I found that clients dealing with ornery people were particular fond of the Cheshire cat who has a knack (and is a resource) for staying above the fray when dramas erupt.

One day I was inspired to yank a deck of Tarot cards out of my toy closet to depict parts that even my growing collection of props could not personify. “Alex” quickly found an exploding tower and a person looking at seven cups contain alluring, frightening, mysterious contents to represent how ready he was to blow up or look for diversions. He liked a sword held high with a crown floating around the tip that showed him he could rise above petty annoyances when he was in the zone. I began searching for other picture decks that would be better suited for clients.
who believed Tarot cards are taboo. The images in the Osho Zen tarot deck (Osho & Padma, 1995) and *Inner Active Cards for Parts Work* (Eckstein, 2015) were wonderful.

When I started doing neuroscience seminars for the educational group, PESI, I encountered the work of Richard Davidson and Sharon Begley (2012), described above, and found that my use of pictures was not woo-woo therapy but hard science. I had amassed a messy assortment of cards from three decks in a small accordion file. People began asking me why I did not make my own deck. *Because I’m not an artist*, I thought. However, these enquiries planted seeds in my ever so hypnotizable mind, and before long I was searching the Internet for images in the public domain and had captured all-time favorites from the likes of Rembrandt, Michelangelo, Edvard Munch, Norman Rockwell, and other lesser known artists.

After several years of playing with pictures, parts, and dialogue, I heard that David Grand was no longer teaching EMDR or ego–state therapy, but had developed something called brainspotting, a mindfulness, somatic therapy heavily influenced by the work of Peter Levine’s somatic experiencing (http://somaticexperiencing.com/). Richard Davidson (Davidson & Begley, 2012) had educated me on the asymmetrical effects of images on the brain—uplifting pictures triggering the left PFC to deter the amygdala, and turn on the nucleus accumbens’ dopamine spigot; distressing images rousing the amygdala with its adrenaline—but I had never considered their effects on the body, or that there was something beneath my cerebral self.

Neurochemicals easily traverse the brain–body barrier via various neurotransmitters and hormones. Visual images as well as life events seem to launch them. I began discovering that clients could subdue the effects of thoughts and parts without dialogue, just by gazing at a picture. Had talk therapy become passé? Not at all! I remember one seminar demonstration when I simply encouraged a client to keep paying attention to her sensations. She went round and round in endless circles, describing a merry-go-round of feelings, never coming up for air. (Note to self: beware of dogmas that claim there is one right way of doing therapy.)

The new buzzword in psychotherapy is *attunement*, which means the feeling of being understood and responded to by others. When I am starting to work with someone, my words cradle them, inform them of the unfamiliar terrain we are navigating, and I let them know they are not alone by making observations: “What a beautiful breath… It looks like you just let go a little.” When I notice they are becoming more adept at observing their own internal processes, my words wane. But when someone is wandering aimlessly around their soma, they need a road map: “Let the lump in your throat know you want to hear what it’s longing to tell you.” Or, as suggested above in our featured case: “It’s good that you are giving Julie dis-ease in her body so she can find new knowledge.”

Has my long journey from ego states to dialogue to visual images to sensations ended, or are there coming attractions? Psychology was a nascent science at the dawn of the twentieth century. Clinical approaches have been emerging and diverging since then. It is for this reason that I have never christened my use of pictures as a treatment approach. I do not want to wed myself to a method only to abandon it when the next wave of understanding comes crashing through. But hopefully visual images will become a commonly used treatment tool, helping us feel our way into what lies beyond.
References


