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Through the Looking Glass: Introducing the Use of Actual Mirrors in the Group Process

Sima Ariam¹

This article offers an excursion into history and a modern understanding of the “mirroring” phenomenon, and it discusses using actual mirrors as a possible powerful intervention in the group therapy session. Ideas for using actual mirrors in therapy are based on an ancient Midrash about Israelite women in Egypt who saved their people from extinction through the use of mirrors; psychoanalytic theories about mirroring in early childhood; and fairly new discoveries related to mirror neurons and their networks. These ideas led to the development of experiential workshops using actual mirrors in a group therapeutic environment. The workshops demonstrate how mirrors and mirroring can have a nonlinear indirect contemplative and reflective effect, facilitating a move back and forth beyond time and space, present and past resistances, and limitations. In this sense, it is postulated that the mirrors, like the good-enough mirroring in therapy, can reboot and reset an individual’s mental system. The illusion mirrors create can therefore open new vistas that may allow for the reemergence of parts of the self that have been squelched, denied, or forgotten. Thus the mirroring process can be used to alleviate emotional pain, allowing for new choices and options, similar to Ramachandran’s discoveries related to using mirrors to alleviate physical phantom pain.

KEYWORDS: Mirroring in the group environment; developmental mirroring; psychological mirroring; sense of identity; emotions and mirroring; mirrors in psychotherapy; actual mirrors in groups.

MIRRORING: FIRST INTERACTION AND IDENTITY

When I look I am seen, so I exist.

—D. W. Winnicott (1967, p. 114)

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From mirror after mirror no vanity's displayed
 I am looking for the face I had before the world was made.
 —W. B. Yeats (1956), "Before the World Was Made"

Mirroring is the term used to describe the first interaction between the infant and its mother, one that can bring security, happiness, or difficulties. We go through life repeating this encounter, which will be manifested consciously or unconsciously in our interactions and relationships with spouses, in the work situation, with the family, and in groups, searching for a different, more positive outcome. To paraphrase Yeats, we want to be reconnected with the "authentic me," the person we were before the aberrant influence of parents and environment.

The mirror in its myriad symbolic forms is part of our everyday lives, including in the group process. Although mirroring is not necessarily a conscious process, it can become more conscious and instructive in the group. One of my patients made this statement about another group member: "She is a mirror for me, showing how I look when I am unable or unwilling to be in my feelings." Another patient expressed the recognition of the denied part of her anger in this way: "The people in group that drove me up a wall helped me see what I did not want to see." A quote from a third patient describes the healing power of the group as a "hall of mirrors":

Our most valuable purpose as a group is to serve as mirrors to help Joe (and each other) unlock the feelings that are keeping him (and us) locked in a blind spot and see the situation differently and multidimensionally. By communicating our own immediate feelings, we are at the same time informing ourselves and gaining insight that helps us heal our own issues. So the mirroring and connection are mutually rewarding and far more useful than any practical advice we might offer.

In Fioratti's (2008) fascinating study of the history of mirrors, she explains the myth of Narcissus as a "belief in the existence of a double, or of a soul taking on substance" (para. 3). She also explains that the custom of covering mirrors when someone dies comes from the same ancient belief that one's soul can get "caught up" inside the mirror and preclude reaching a final resting place. According to other ancient texts, the veiling of mirrors prevented an invitation of death, which a mirrored reflection had power to do.

The connection between mirrors, mirroring, and self-identity, or the variety of meanings of the mirror, is also described in modern film and literature. Of many examples, here are two: Khaled Hosseini's *The Kite Runner* (while looking together in a mirror, Amir's new wife asks him, "What are you seeing?" He answers, "I see the rest of my life") and *The Lady from Shanghai* ("Who is in the mirror, you or me? I am aiming at you, lover, because killing you is killing myself").

THE MAGICAL POWER OF THE MIRROR AND THE ACT OF MIRRORING

Oh, would some power the giftie give us
To see ourselves as others see us!
It would many a blunder free us.
—Robert Burns (1910), “Ode to a Louse”

Pines (1984) and Lichtenberg (1985) remind us that the act of mirroring is related to a wonder, a dream, a mirage. The meaning of mirroring originates from the word *mirror*, derived from the Latin *mirare*, “to look at,” which is also related to the verb, *mirari*, “to wonder.” Indeed, the visual image in the mirror (“reality”) and the wonder (“fantasy”) are closely linked, both in the real world and in the imaginary world of myth, dreams, and fairy tales. Kernberg, Buhl-Nielsen, and Normandin (2006) report that *mirror* originates from the Latin *speculum*, meaning “to look at with speculation,” while *to speculate* means “to review something mentally and verbally . . . without sufficient evidence to reach a sound or meaningful conclusion” (p. xv). The authors describe the “subjective experience of wonder, admiration, and an objective dimension of truth” (p. xv) in the mirror paradigm. The mirroring phenomenon is examined widely in psychotherapeutic/psychoanalytic literature and practice—from Freud to Lacan and Winnicott, to attachment theory and trauma treatment (Kernberg et al., 2006).

Freud (1912) emphasized that the “doctor should be opaque to his patients and like a mirror, should show them nothing but what is shown to him” (p. 118). French psychoanalyst Jacques Lacan (as cited in Muller, 1985) described the role of the mirror in human development as “reflecting back the illusion of sameness” (p. 234). Lacan (1949, 1953) emphasized that it is *not* “I think therefore I am” (as Descartes once proposed) but the ability of the human infant to recognize his own image in the mirror (the “aha!” realization) and to play with the reflection—a startling spectacle. Reflection is what makes me who I am—a human being. According to Gallop (1985), in the mirror stage Lacan proposed, the child moves from fragmented body to “orthopedic totality.” For Lacan, this mirror stage is crucial, as it creates anticipation of one’s future as well as one’s past, including one’s body. Retroactively imagined in its bits and pieces—and for the first time—the body seems to become a unified whole. The paradox of the mirror stage is that this moment of a child’s jubilation and the illusion of unity and self-mastery are always laced with the danger of falling back into a fragmented body image, which Lacan (1949, 1953) suggested was the “very essence” of anxiety.

Winnicott (1967/1971) stressed the importance of early developmental mirroring for later creativity in a very poetic, Winnicottian way:

When I look I am seen, so I exist.
 I can now afford to look and see.
 I now look creatively and what I apperceive I also perceive.
 In fact I take care not to see what is not there to be seen (unless I am tired). (p. 114)

Robert Marshall (2006) emphasizes the importance of mirroring in emotional communication, describing a patient whose main complaint was that no one ever understood the magnitude, severity, and complexity of her inner confusion, alarm, and rage. Finally, after years of treatment, she wrote about it: “Suppose you were raised in a home where there were no mirrors?” Her statement is a full recognition of the importance of mirroring in development and in the therapeutic environment. This is somewhat similar to what Winnicott (1967/1971) reported about a patient who was talking about “establishing herself as an individual.” Making a reference to the expression “mirror, mirror on the wall,” she said, “Wouldn’t it be awful if the child looked into the mirror and saw nothing?” (p. 116).

Joseph Lichtenberg (1985), a psychoanalyst who examined mirroring from a developmental standpoint, wrote about its importance: “Since observing facial response is a principal map for reading emotion, no human can read his own emotional map” (p. 205). Looking in the mirror (or the “other’s” face) helps to orient oneself in this emotional mapping environment. The image in the mirror is “me” and “not me” at the same time, and these two parts are interacting and informing each other during the mirroring process.

THE MIRROR AS MOTHER AND THE MOTHER AS A HUMAN MIRROR: “GROWING” AND “MALIGNANT” MIRRORING

The idea that in our early development we perceive the mirror as mother comes from the early works of Freud (1900a,b, 1920). He describes how a child left by himself or herself in a room with a mirror will treat the mirror like the child’s mother treats the child—disappearing and returning—as in the game of peekaboo.

Kernberg and colleagues (2006) suggest that the child recognizes his mirror image as either the child’s own or his or her mother’s (i.e., the child will see his or her image in the mirror and say, “Mommy”). For a time, the mother can be substituted by a mirror, until a later stage of development, when the child sees the difference. Kernberg and colleagues go on to explain that Mahler’s rapprochement-stage constancy of self and object has not yet been achieved during this earlier stage; even if the child has achieved a sense of separateness, there is no stable sense of differentiation. Who is the mother, and who is the child, and what is the mirror? They are all interchangeable.

Mirroring is the term used to describe the first interaction between the infant and the mother. Human communication begins with this dyadic mirroring and continues through the magic discovery of oneself in the mirror and the “good

enough mother” (Winnicott, 1953) participating in and facilitating the complicated progression of establishing a sense of a stable and separate identity. Therefore it is no surprise that the mirror and mirroring can be a powerful element in creating a sense of self and a good tool for intervention and change in overcoming inter- and intrapersonal conflicts and reestablishing the lost sense of self. According to attachment theory, it is the interaction between the baby and its first caretaker, and the kind of mirroring and attachment a baby receives, that will be reflected in the kinds of attachments a person develops throughout life, that is, secure, ambivalent, avoidant, or disorganized (see more in Fonagy & Target, 1997).

Understanding the role of the mother as a mirror is important in understanding my idea about the use and impact of actual mirrors as well as the symbolic mirroring of the therapist–mother. No one described this better than Winnicott (1967/1971):

What does the baby see when he or she looks at the mother’s face? I am suggesting that, ordinarily, what the baby sees is himself or herself. In other words the mother is looking at the baby and *what she looks like is related to what she sees there*. . . . I can make my point by going straight over to the case of the baby whose mother reflects her own mood or, worse still, the rigidity of her own defenses. In such a case what does the baby see? (p. 112)

Winnicott responds that *if* the mother does not become a mirror, then the baby’s ability to create gets atrophied, and the “beginning of significant change in the world” becomes blocked. For Winnicott (1953, 1967/1971), the power of the good-enough mother as a human mirror is in her loving gaze and affectionate holding, by which she supplies the infant at the very beginning of life with the feelings of omnipotence that are necessary for its future interpersonal relationships. Winnicott preceded the findings of mirror neurons in his description of the reciprocal, back-and-forth “seeing” from the mother to the baby and from the baby to the mother.

For Kernberg and colleagues (2006), the mother as a mirror can also be seen as having a role in communicating expectation, trusting the child’s capacity to develop new abilities. The mother serves as “moral agency of truth and wisdom” (p. 14) and provides boundaries by showing approval and disapproval. If the baby looks at the mother–mirror and does not “see” itself—does not get back what it is giving but instead sees the mother’s own depression, self-preoccupation, and narcissism, with its rigid defenses—it develops what Winnicott called the “false self” or the “alien self” (as per Fonagy, Gergely, Jurist, & Target, 2002) and goes through life without expressing or finding its authentic “true self.” This could be called *malignant mirroring*: The mirroring is there, but it is not benign and nurturing. Instead, it is detrimental to the baby’s development.

In *Reflection on Mirroring*, Pines (1984) speaks of two kinds of mirroring: the *killing mirror* and the *growing mirror*. He brings to our attention that the reflection Narcissus sees in the pond brings death upon him, whereas the mirror given to

Perseus helps him to overcome his fear, kill the monster Medusa, and save his family. Similarly, mother–infant mirroring and reflections can serve as growing devices that enable connection, responsibility, and love, or they can kill that growth, resulting in isolation, alienation, and negative interaction.

Even worse is when the baby gets nothing back from the mother. Then the baby does not exist, or it goes on being in a constant terror of dying because the process of “cathexis of external objects is not initiated” (Winnicott, 1967/1971, p. 116). Accordingly, this negative interaction (or no interaction) will impact the baby’s future, manifesting both consciously and unconsciously in unsatisfactory associations with everyone, as the adult longingly pursues the validation and affirmation that were denied in infancy.

MIRRORING AS ACTIVE ATTUNEMENT AND CONGRUENT RESPONSE BETWEEN MOTHER AND CHILD: IMPLICATIONS FOR THERAPY

Even when our patients do not get cured, they are grateful
to us for seeing them as they are.

—D. W. Winnicott (1967/1971, p. 114)

Whether it is hard-wired or learned, “congruent” mother–child interaction and mirroring are crucial in facilitating a child’s differentiation and individuation. Similarly, if the goal of therapy is to establish or refresh the connection to the core being and the authentic self, then mirrors and mirroring can serve as a gateway to that end. The therapist’s role is both to act as a growing mirror and to help identify the impact of incongruent or malignant mirroring with its unproductive pathways, which need to be remodeled.

Freud (1912) called on the analyst to turn “his own unconscious like a receptive organ towards the transmitting unconscious of the patient” (p. 111), suggesting something similar to the “embodied simulation” that Gallese, Eagle, and Migone (2007) proposed a century later. In this way, the therapist–mirror works together with the patient in shedding light on some of the shortcomings and results of “incongruent” communications, thereby allowing for new, improved, and more constructive communications. This congruent response of the therapist represents an *active attunement*, which leads to growth, whereas literal mirroring would result in a lack of growth, becoming a “malignant” mirror.

The fairly recent discovery of mirror neurons and their networks bring neurological parallels to these psychoanalytic concepts as well as supporting the validity of other theories, such as projective identification, transference, countertransference, and unconscious communications between patient and therapist. According to the new developments in mirror neurons and neuroplasticity, active attunement will result in learning and growth for both the infant and the patient (Ansermet &

Magistretti, 2007; Cozolino, 2006; Doidge, 2007; Iacoboni, 2008; Rizzolatti, Sinigaglia, & Anderson, 2008).

Mirroring is not mimicking; it is reflecting and modulating. Mother does not cry when the baby cries; she modulates her behavior, attuning it to the baby's needs. This is where the moment of learning about differences occurs, gradually allowing for creativity and differentiation. The patient finds his or her own experience in the therapist's response. Taking into consideration the mirror neuron networks and other neurobiological mechanisms of relatedness, any interpersonal interaction can be seen as an automatic, unconscious induction—in each participant—of what the other is feeling. This provides a basis for the therapist's emphatic understanding of the patient. It is as if the patient "sees" in the therapist a more manageable version of what the patient is experiencing. This is what metabolizing on the part of the therapist means. To interact with another is already to be "induced," to experience something of what the other is experiencing.

In normal, healthy development, mirroring reflects differences, like the actual mirror, like "me" and "non-me," the "me-ness" in the "otherness." It is this difference, and not literal imitation, that provides the modulation and leads to the infant's (or patient's) growth. Gallese and colleagues (2007) speak about the intentional attunement and congruent response of the mother, when the mother matches the infant's mental state. This helps the infant to find himself or herself in the mother's eyes. The same is true when the patient experiences and expresses a particular feeling state. Ideally, the therapist reacts not with literal mirroring but with congruent or attuned responses, which represent empathetic understanding and feed back a more manageable idea. This allows the patient both to find his or her own experiences in the therapist's response and, at the same time, to facilitate the patient's capacity to reflect on and transform that experience.

Gallese and colleagues (2007), following Fonagy and colleagues (2002), explain that both patient and analyst may be unconsciously responding to subtle cues from each other. The patient, like the infant, adjusts his or her emotions by monitoring the mirroring reactions of the caregiver or the therapist's affective response. The attunement and emphatic responses of the therapist become not only the means for knowledge and understanding but also the cure or repair for self-defects. Thus the patient–infant experiences himself or herself safely represented in the therapist–mother's mind, and more importantly, he or she learns to identify his or her own affective states through observing them as they are reflected in the therapist–mother's attuned response. The therapist can add an explicit interpretation, shaped by the therapist's accurately attuned response to the patient, which is automatically simulated by the patient, enhancing the patient's sense of "we-ness." This sense of connectedness to another thereby contributes to the feeling of self-integrity.

THE POWER OF THE MIRROR TO REVEAL AND RESTORE A PERSON'S IDENTITY: THE STORY ABOUT THE WOMEN WHO TRIUMPHED OVER PHARAOH

In my search to understand the miraculous power of mirrors, mirroring, and the metaphor of the good-enough mother, I attended a lecture by Aviva Zornberg (2001) about the historical use of actual mirrors as a vehicle for redemption of the nation of Israel from Pharaoh's enslavement, which was internalized by the Israelites as "blackened" self. This story came from a Midrash, an ancient commentary on biblical text, in which Israelite women employed actual mirrors to restore the self-esteem of their enslaved and depressed husbands. Isaiah (3:23) translates mirrors with the word *gillionim*, meaning "revealers," suggesting that mirrors do more than merely reflect: They reveal the inaccessible inner self. The Israelite wives used the mirrors in combination with a challenging, taunting, and somewhat boastful "distorted" reflection of themselves, saying to their husbands, "I am better than you." By doing so, the wives indirectly reflected back a slightly distorted and arrogant image, challenging their husbands to redefine themselves by the "nonself" their wives offered.

It is in this mirror distortion that the husbands could recognize the newly restored "me" through "non-me" and the "me-ness" in the challenged otherness. This distortion could allow the husbands (like the baby or the patient) to unlock their frozen, "blackened," enslaved selves and restore their authentic identity through new self-integration. This change could be made possible only through reflecting back the "nonself" distortions in a back-and-forth, spiraling and gradual manner, and the gradual change had to be close enough for the husbands to relate. The wholeness and the connectedness to the other enhanced the automatic simulation by the husbands (read more in Gallese et al., 2007). It is through this "automatic sharing" with the wives' reflected, although intentionally tempered reality that the husbands were invited and facilitated to reinternalize and restore their sense of identity. Freed from the clenching constraints of their immediate existence, the husbands became desirous and fertile. The result was the redemption of Israel as a nation.

The mirroring these women used allowed for a flow into the dreamlike "intermediate space" (Winnicott, 1953, 1967/1971) between reality and fantasy where one can risk change. The women simulated a different reality and challenged their husbands to share in this mirage experience, which in turn became a new "reality." This experience of newfound integration is usually followed by a burst of feelings expressed in laughter or tears, not unlike the child's "aha" feeling of recognizing himself or herself in the mirror for the first time as a whole. It is not surprising that, for adults, this can be followed by an arousal of desire leading to intimate and fruitful sexual behavior, and thereby comes the understanding of the "secret of redemption" for the people of Israel.

The use of mirrors by the Israelite women is an example of self-discovery through what Dennis Brown (as cited in Maratos, 2006) called "self-development through subjective interaction." He described the mirroring process as a circular

and spiral “ego training action” that allows us to discern the difference between the old (learned and internalized) object relationship and the new present relationship through attunement to other people’s experience as well as our own. Our brains and minds constantly undergo change by being involved in the experience of processing and analyzing information presented by an external world (bottom-up regulation) and an internal world (top-down regulation). This neuroplasticity—the ability of our brains and minds to change—can explain how psychotherapy can stimulate neural changes, providing an opportunity to circumvent repetitive patterns and find new, more productive pathways. This may be why Ansermet and Magistretti (2007) see the discovery of mirror neurons as equal to the discovery of the “biology of freedom.” Looking at the Midrash through a neurobiological lens, one can state that the Israelite women helped their husbands to free themselves from internalized pharaohs and become aware of their authentic selves through and with “meaningful” others.

INTRODUCING MIRRORING WORKSHOPS

Our mind is a virtual-reality machine, which experiences the world indirectly and processes it at one remove, constructing a model in our head.

—V. S. Ramachandran (as cited in Doidge, 2007, p. 192)

Motivated to explore the magical power of mirroring, I designed a series of exercises in which actual mirrors are employed in group therapy settings as a tool to reveal, reboot, and redefine one’s sense of self and to facilitate empathic connections between the group members (as in Schermer, 2010).

Exercise 1

The participants introduce themselves to the group and briefly tell what drew them to this work and what they expect to get from it. They then separate into couples, each pair sharing one handheld mirror, and are instructed to look at each other’s faces in the mirror for an entire minute without speaking. At the end of the minute, they are asked to describe the way it made them feel, what they concentrated on, and what made them feel one way or another and to relate this information to their partners. Finally, they report these reactions to the entire group.

Despite that this exercise was practiced in different environments with different populations, and even with differently sized mirrors, it seems that two people looking at each other in a mirror creates a very different experience than looking at each other face-to-face. This experience can be described briefly as (a) *boundary blurring* (e.g., between reality and illusion); (b) *uncomfortable* and *trancelike*; and (c) *more intimate* (or *too intimate*) and as (d) providing at the end a *feeling of closeness*. Following are some participant comments illustrating the preceding:

I saw him as handsome outside the mirror but in the mirror he looked plainer, blunt, and authentic.

I was looking into your eyes and thought they were my eyes, and that I am looking into myself.

It was like looking at a portrait of a lady in an art exhibition. When she smiled, I saw in her face some pieces of my life.

I saw the other's face as a known face and wanted to live the closeness.

The mirror creates a dreamlike confusion between fantasy and reality, between me and non-me. It could be that this breaking of boundaries, this trancelike experience beyond reality “where I see you as me and where I can see your soul and mine in clarity,” is what Winnicott (1953) calls “intermediate” or “transitional” space. Quite possibly, it is where creative life can expand and be transported, where good therapy can exist, and where freedom and a restored identity can emerge.

Exercise 2

This exercise is also based on the Midrash. The same couples are instructed to sit together with the mirror. Looking only at the other person's face in the mirror, one says, “I am finer than you,” and the other responds, “No, I am finer than *you*,” as did the Israelite women with their husbands. They take turns repeating this phrase to each other for a minute. As in the previous exercise, they first discuss with each other their reactions, feelings, and thoughts and then report them to the group.

For all participants, the initial reaction was “uncomfortable,” “competitive,” and “selfish,” while some felt “belittled” and “wounded.” Within 60 seconds, the feelings had changed:

Freedom came about. We tried to encourage each other. More and more we had fun and felt like touching each other on the shoulder.

We felt so warm that we could not say “I am finer than you.”

He is saying it for me.

Then I took on the Snow White role—“Mirror, mirror on the wall, who is the fairest one of all?”—and it became a game. It was funny to provoke in my partner emotions like singing and dancing!

It feels good to be in confusion.

Felt like falling in love.

Silly!

The reactions of unwillingness and difficulties during this exercise are similar to a patient's experience of mirroring by the therapist. As Gallese and colleagues (2007) suggest, the amount of difficulty depends on the amount of distance between the self-perception of the patient at a particular time and the suggested new, metabolized, and mirrored perception. For it to be successful, it should not be too great a distance. The therapist mirrors back to the patient what the patient offers, but with a slight distortion. I suggest that looking at each other through the mirror represents this gradual distortion for each participant in the exercise. This mirrored distortion, offered as a moving-back-and-forth, embodied simulation in a shared space, allows them to go beyond the defenses to see themselves and to connect with their authentic selves. "I am finer than you" introduces an unexpected and somewhat startling idea, which can be slowly metabolized and internalized by the other, that is similar to what the enslaved husbands experienced when they were encouraged to borrow the strength (or the ego?) from their loving wives.

Although this exercise can be done with people who barely know each other, most participants are able to let themselves go, are able to readily mobilize and accept the newly introduced concept that they are—indeed—fine. The exercise then becomes fun, funny, silly, and instead of feeling uncomfortable, they feel happy, giddy, and free. Another striking result: even after the exercises are concluded, the couples continue to *speak in one voice*, as *we*, as if they had been partners for a long time, and as if they are holding on to the very special experience of finding themselves *with* and *in the other*. All of this after two minutes of interaction through the mirror! I propose that the mirror becomes a caring third that facilitates support, courage, and an openness to connect. This ability to quickly create a strong bond between strangers leaves no doubt about the somewhat mysterious and magical power of the mirror. Both exercises confirmed the idea of the revealing and transforming power of the mirror. The mirroring process used in this workshop has the power to facilitate self-development through "we-ness" created in the intermediate space.

GROUP PROCESS AS A WHOLE AND AS A HALL OF MIRRORS

We need to be able to see through others as well as to be seen by them in order to survive and prosper.

—M. Pines (1984, p. 39)

Group therapy provides opportunities for growth and healing that are not attainable in individual therapy alone; it can amplify the impact of traditional talk therapy and serve as an accelerant to progress. In the traditional setting, the single mirror

of the therapist is limited, as transference can block the patient's ability to recognize helpful input. In the group setting, the therapist becomes a more neutral presence (as in Epstein, 2004). As one of my patients describes the experience, "part of the process of healing is to get close to the authentic self, or to strip back the layers of defense that obscure our inner radiance. In the group, we have a chance to recognize the inner beauty of others, the beauty that they themselves had forgotten. By learning to recognize and love the radiance in another, we can begin to recognize it in ourselves." The patient continues to describe how sharing in the emotional space borne of intense identification with another member's struggles brought him to have images flashing before him of engaging in the same fear-based emotion, allowing for a "miraculous" transformation out of his own fear-based emotion.

Through mirroring—not mimicking—the process of self-development in therapy is repeated many times over, in a circular and spiral way, by the group acting like a hall of mirrors. (More on the hall of mirrors in Foulkes, 1964; Pines, 1984; Weinberg & Toder, 2004.) The role of the therapist and the other group members, working together, becomes that of Winnicott's good-enough mother—recognizing, negotiating, defining, and maintaining both similarities and differences. The power of good-enough mirroring in group is to get members to become aware of something they previously could not see, to own denied parts of themselves, and, it is hoped, to allow for the creation of new paths back to their authentic selves.

The hall of mirrors in a group setting allows the patient to see his or her issues from multiple angles rather than being limited to the patient–therapist dyadic dynamic of individual therapy (Pines, 1984). As one of my patients said about the group experience, "it is like being inside a 360-degree mirror. You can't hide!" Inside the hall of mirrors, patients are literally learning to recognize their own blind spots by observing their own behavior reflected by others. This was described beautifully by my patient:

In group therapy, unhealthy patterns and behavior that cannot be easily self-identified, tendencies that are masked by one's unconscious defense mechanisms, are suddenly revealed in stunning clarity when displayed by members of the group. The patient who is blind to his own behavior experiences intense revelation by witnessing the same behavior exhibited by another group member.

The patient continues to describe how the sharing in the emotional space borne of intense identification with the another member's struggles brought him to have images flashing before him of engaging in the same fear-based emotion and allowed for his miraculous transformation out of his own fear-based emotion.

As we can see from these examples, the hall of mirrors group experience can be a direct reflection of what is (i.e., identification with the other group members), or it can be felt as seeing an opposite image (i.e., seeing how someone else behaves when faced with circumstances similar to the patient's). Pines (1984) describes this experience:

The fundamental technique of group analysis . . . leads to discovering the multiple facets of oneself as reflected in and by others. . . . The role of . . . group members becomes that of the mediator or the negotiator who recognizes, defines, and maintains both similarities and differences. . . . The proposition is that looking and being looked at is a fundamental process in personality development in finding out who one is and who one is not and is common to all these diverse observations. (pp. 37–38)

Dennis Brown (as cited in Maratos, 2006), applying new neuroscientific development to Foulkes's (1964) original thinking about the group process of looking and being looked at, explains how "resonance behavior" in group therapy complements "congruent attunement" and "embodied simulation" in the mother–child relationship and individual therapy. According to Brown, it is automatic responses that are reflexive, implicit, and obligatory. He says that in applying the concept of mirror neurons in the brain to the group setting, we can show that the neural networks will be activated by emotions, themes, and verbal acts. He speaks about the process of self-development in group analysis as being "circular and spiral," comprising the experience of receiving and not receiving empathy, as in one's early childhood.

In the meantime, Spontnitz (1985) hypothesized a communication bridge between group cohesion and brain functions that he labeled "intracerebral synchronization." Spontnitz envisioned that the group members attune to each other, "interconnect," and otherwise behave as brain neurons do. Foulkes (1964) perceived group mirroring as more intensified than in "normal" life. He also felt that it facilitates exploration of the personality through amplification of inner and outer awareness, therefore providing an opportunity for change.

Roberts and Pines (1991) opine that "aspects of the self, reflected by members of the group through image and behavior, [allow] for identification and projective mechanisms, enabling the individual to become aware of these hitherto unconscious elements" (p. 76). Pines (1984) describes the individual changes during the group process as "'juxtaposition' of the discrete image[s] created by others onto one's existing self-image, and creating one new mental image, which combines 'insight' and 'outsight,' new 'unity out of diversity.' . . . Elements kept apart come together, creating new knowledge" (p. 12).

It is crucial to emphasize here that mirroring in group therapy, like mirroring in individual therapy, can go in two directions, either killing or growing. These qualities can be amplified in a group setting; here mirroring can be more hazardous, or it can be fantastically constructive. This is particularly true in the early stages of group therapy in multicultural settings.

The potential for a growing-mirror experience in group therapy is described by Foulkes (1964):

Mirror reactions are characteristically brought out when a number of persons meet and interact. The person sees himself, or part of himself—often a repressed part of

himself—reflected in the interactions of other group members. He sees them reacting in the way he does himself, or in contrast to his own behavior. He also gets to know himself—and this is a fundamental process in ego development—by the effect he has on others and the picture they form of him. (p. 110)

REAL MIRRORS IN GROUP THERAPY, MIRROR NEURONS, AND MIRRORING

The illusion mirrors create has the potential of opening new and creative vistas that may allow for discovering one's inner, authentic self through a new connection to parts of the self that have been squelched, denied, or forgotten. As one patient described the experience, "now I remember how [sick] I was." This creative shift comes about after "blurring boundaries," "uncomfortable" or "trance" experiences, feelings of "closeness" or "too much closeness," and—finally—"connectedness."

Neurobiological research on brain plasticity, the continuing ability to form new neural pathways, provides us with scientific input into understanding the mirroring phenomenon, including the "therapist-as-mirror" and the "group-as-mirror" experience. Ramachandran (2000) calls this "plastic therapy," or the ongoing ability to effect change. Discovery of mirror neurons (called by Ramachandran "the empathy neurons") offers us an understanding of empathy, the shared space, and the ability to grasp the intentions and emotions of others: to see from the other's point of view, while dissolving the limiting membrane between "me" and "other" in the process of shared emotional experience. Historically, works of Rizzolatti, Fogassi, and Gallese (2006) and Rossi and colleagues (2002) showed that a mirror neuron fires both when a person acts and when a person observes the same action performed by another. These researchers concluded that a mirror neuron offers the observers some internally recognized experiences, so they can understand the behavior and emotions of others. Ramachandran employed this understanding of the mirror neuron system to alleviate symptoms of a neuropsychological condition, phantom pain syndrome, by using actual mirrors (in a form of mirror boxes).

Gallese and colleagues' (2007) *embodied simulation*, the shared neural activation of giving back a small dose of an emotion similar to the one experienced by the patient, is much like Winnicott's good-enough mother giving back (or mirroring) what she picks up from the child. Gallese and colleagues emphasize that change is possible only when differences are small enough that they do not destabilize the patient's identity. This spiraling, back-and-forth interaction between good-enough mother and child, a patient and a therapist, a spouse and a partner, or the group members with each other, is a powerful process of mirroring that can help free the patient from the false or alien self, the unconscious tyrant within. Similarly, the embodied simulation happens during the exercises with actual mirrors in the group setting described earlier. Any slight distortion (of what was expected) in the mirrors quickly transported participants of the workshop beyond the oblique angles into

the twilight zone, a dreamlike phase beyond the linear meaning of time and space, where common boundaries between *me* and *not me* become blurred. When they looked at their partners in the mirror, they saw themselves: "I looked at her eyes, and I thought they were mine." Many partners expressed empathy and feelings of connection for each other and a desire to understand their partners at a deeper level. This bond of affection between strangers, created in less than few minutes of the exercise with the actual mirror, leaves no room for doubt about the unique power of the mirror and therefore of mirroring.

In the interaction of an individual therapy session where the therapist acts like a good-enough mother (who recognizes and negates, defines and maintains, both similarities and differences), the therapist is basically mirroring and giving back to the patient what the patient is giving. In the group acting like a hall of mirrors with multiple maturational agents and transference objects, this process is amplified. It can lead to a sudden shifting of insight ("I am acting like my mother!") that allows the participants to get unstuck from the frozen cascade of defensive filters that may be the cause of the slavery of repetition. These amplifications done by different members of the group, and seeing one's face reflected in the faces of others, can lead to reeducation of the emotions and to discovery of one's authentic self.

Acknowledging prior discussion and understanding of the mirroring process in various therapeutic settings, I propose that use of actual mirrors in groups can be a valuable and powerful tool for resetting a person's inflexible ideas about his or her identity and self-worth. This tool can be particularly useful in the situation when the group members are new to each other, when the boundaries are too strong and overdefined, and when the group members are not yet aware of or comfortable with the role of being a mirror to another. It seems that latest neuroscience research related to neuroplasticity and the mirror neuron systems provides scientific background for such a proposition (Ansermet & Magistretti, 2007; Cozolino, 2006; Doidge, 2007; Iacoboni, 2008; Ramachandran, 2000; Rizzolatti et al., 2006; Rizzolatti et al., 2008; Rossi et al., 2002). In the mirroring environment during the exercises, the other is not so much the other anymore, but a part of the self. This reminds me of what Malcolm Pines (n.d.) once said: "A self is a self only in its fruitful interplay with its world. The value of individuality lies less in its separate uniqueness than in its unique way of making itself part of the world."

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