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Narrating the Unsayable: Enactment, Repair, and Creative Multiplicity in Group Psychotherapy

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ABSTRACT

This article introduces an approach to group analysis that places dissociation of traumatic experience at the center of group interaction. Healing in group is regarded as hinging on the enactment of unformulated and dissociated experience and affect. Enactments are regarded as involving the members of the group, the group as a whole, and the group analyst. Clinical examples are offered to illustrate the enactment of dissociated trauma that was unable to be suffered earlier and the enactment of absence and neglect that is non-represented. In this hermeneutic conception, the group comes to narrate what has happened but never been experienced, and healing accrues through the group's witnessing and making affectively real what was hitherto unsayable and unthinkable. The group analyst uses and shares his or her own experience to facilitate this process.

In this article, I will outline an approach to working with unformulated and non-represented experience in group analysis. From this perspective, the opportunity to repair developmental trauma and failure is one of the most profound elements in psychoanalytic and psychotherapeutic healing. I will advance the idea that central to this process is working with enactments in both group and individual

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treatment. I will talk about enactments of what has happened, but is yet to be experienced and symbolized, and also enactments of what has never happened, or of what was lacking, such as the consequences of neglect. I will outline an approach that highlights the hermeneutic nature of group enactments and regressions that facilitates the expansion of group members' experience such that they can overcome the trauma and developmental failures that have constricted and curtailed their abilities to reside comfortably within their own selves and to engage and relate with others.

As a psychoanalyst and group leader, I am always focused on the idea that treatment is by the group, rather than by the leader. The group is always doing and creating; the group is always telling a story, sometimes consciously in words and often in a way that is completely outside the awareness of its members. That narrative emerges in what the group is doing, in interaction and in behaviors with each other. From this perspective, one is always focused on what the group or patient or analytic dyad *is* doing, on what *is* emerging rather than on what they are not doing or what is being resisted or avoided. I am interested in what is not formulated or represented and what is yet to have a form or registration in the patients' minds. Before outlining the role of enactment in group healing I will first describe the relational concept of trauma and dissociation.

TRAUMA AND DISSOCIATION

Relational psychoanalysis offers a distinct way of thinking about the human mind that lends itself to a novel way of conceptualizing group and human process. I will borrow heavily from both Philip Bromberg and Donnel Stern (Bromberg, 1998, 2006, 2011; Stern, 1997, 2010). They present us with a view of the mind as comprised of self-states and suggest that the principal activity of the mind is dissociation. Dissociation is seen as the primary way the human mind is structured. From this perspective, dissociation is regarded as a continuum that embraces normal everyday adaptive dissociation through to profound and pathological dissociation, the kind one encounters in dissociative identity disorder. From this position, the mind is viewed as comprised of self-states. The primary motivator in psychological functioning is

the maintenance of self-continuity. Optimally, this is achieved by a flexibility and fluidity among self-states that enable people to live creatively and to adapt to life's challenges. This adaptation is constrained by what is affectively safe. When affect is overwhelming and self-continuity is threatened, as in massive or cumulative trauma, the normal process of dissociation is magnified and rigidified, and a dissociative structure will predominate in the personality.

Dissociation is not in essence a defense, but rather a ubiquitous capacity of the mind that facilitates the everyday adaptations of life. It is hard to imagine a person without any ability to dissociate. Such a person would not only have no flexibility in adapting from one moment to the next, but would barely be able to organize his or her mind.

Let me distinguish dissociation from repression. In repression, as formulated by Freud, ideas are banished from awareness because of the conflict and unpleasure that incompatible ideas would generate. This implies that the experience has already been formulated. It exists or has existed in symbolized form. When repressed, it is put away, but exists in a form that can be retrieved like a fossilized relic waiting to be unearthed by the archeologist/psychoanalyst. I grant that this is a greatly oversimplified rendition of an extremely complex and subtle theory of mental functioning, but perhaps it does capture a certain spirit of psychodynamic thinking against which I'd like to contrast the dissociation approach. The idea of dissociation is distinct. The formulation and linguistic coding that creates experience is not taken as a given. The processes that make experience are overwhelmed and impeded in trauma. Events are not pulled together into a coherent experiential or linguistic form. They are unformulated (Stern, 1997). In dissociation, a whole self-state is isolated and sequestered, because to be that self-state is to threaten the self with annihilation; it is unbearable (Bromberg, 2006, p. 6). Accordingly, intrapsychic conflict is neither at the center of this theory nor this approach to treatment. Indeed, from this perspective, intrapsychic conflict is an achievement that follows the integration of dissociated self-states, rather than the primary cause of psychopathology.

D. B. Stern (1997) distinguished between dissociation in the strong and the weak sense. In the face of massive trauma, we see dissociation in the strong sense as an adaptive response, a human response to the

terror of dissolution of selfhood. Among the many damaging consequences of trauma, Bromberg and Stern foreground the devastating impact of the absence of recognition of the trauma by significant others. The affective destabilization is then overwhelming, and without a witness, the events cannot be experienced and thought about. The hyperarousal of terror or confusion cannot be managed and transformed by thought. The experience cannot become a part of “me.” The person’s self-continuity is therefore protected by dissociation, but at a great price. The normal pathways that allow experience to become recorded linguistically and thus become available for memory and part of one’s own narrative are overwhelmed. There is no recognition or witnessing that can make these events and the emotional pain real and therefore recoverable. The experience and sometimes the actual memories and representations of the experience and often the affect connected to the experience are dissociated. The thing is, they do not go away. They become part of the sub-symbolic (Bucci, 1997) somatosensory realm that can then come to “haunt” (Bromberg, 2003) the person. They reside in an unformulated (Stern, 1997) yet-to-be-known realm. They are not available for interpretation. Crucially for group therapy, we can say that they can only become known in enactments. That is to say that these unformulated aspects of the person that are not part of the person’s sense of “me” are encountered in relation to others. In the treatment situation, and most profoundly in group, it is via enactments between the patient and therapist, the patient and the other group members, or the group-as-a-whole that the “not me” becomes manifest. Healing may involve symbolizing these enactments in words, but often this is not necessary, and the sharing and living through the enactment together is powerful and transformational in its own right.

A WORD ON ENACTMENT

Theodore Jacobs first used the term *enactment* in his now famous paper “Countertransference Enactments” (Jacobs, 1986) to describe the actualization of an unconscious wish or defense in the realm of action or verbal behavior. Since then, there has been much interest in the concept and, as is typical in psychoanalysis, almost as many renditions of its meaning as there are articles that use the concept. Space

does not allow a full examination of the concept here, and the interested reader will find a most illuminating review and explication of the concept in Gil Katz's recent book (Katz, 2014). Suffice to say that the concept can be traced back to Freud's understanding that "the patient does not *remember* anything of what he has forgotten, but acts it out. He reproduces it as action; he repeats it without, of course, knowing that he is repeating it... we understand that this is his way of remembering" (Freud, 1914, p. 150, with original emphasis).

In other words, there is an unconscious dimension or presence in the treatment that is expressed and manifested in the realm of behavior and action. This very prescient conceptualization suggests that the action itself is a remembering, a thinking in action, which is most concordant with the sensibility of this article. In this article, I use the term *enactment* to capture the manifestation or incarnation (Grossmark, 2015b) in group interaction and process, of self-states and hitherto non-registered and non-symbolized pre-experiences that have been dissociated or never symbolized and formulated into thoughts or even coherent sensations. As Katz's review of the literature on enactment shows, this is not a view that is exclusive to relational psychoanalysis. For instance, I would argue that this view has great resonance with Bion's observation that in the treatment of very regressed patients he had the sensation that he was "witnessing an extremely early scene" unfold: a scene of events that had happened but were yet to be suffered by the patient due to the absence of adequate containment (Bion, 1967, p. 104).

GROUPS, MEANING-MAKING, AND THE FLOW OF ENACTIVE ENGAGEMENT

It is a truism to say that groups are always interacting. As they do so and as group members engage with each other, enactments are unavoidable, just like group interaction. Enactments are constantly unfolding and involve group members, the group analyst, and the group-as-a-whole. There are constant oscillations between rigid, dissociated, and unmentalized states that often cause pain and turbulence for the group and analyst, and more reflective states where the group and analyst have more space to try to figure out what is going on. It is in interaction and enactment that we find meaning evolving.

Here, I draw from contemporary psychoanalysts who have emphasized the hermeneutic aspect of treatment (Orange, 2010, 2011; Stern, 1997, 2010). The touchstone is the philosophical work of Hans-Georg Gadamer (Gadamer, 2004). Meaning does not exist such that it can be interpreted, but rather comes into being through enactment itself, through dialogue and intersubjective engagement. Meaning is not regarded as a linguistic formulation, it is an event (Gadamer, 2004). This perspective shifts the nature of the therapeutic action of group and individual treatment. There is a move away from the idea that therapeutic action derives from the interpretation of meaning as a static truth that can be analyzed intellectually from the outside, as it were. From the hermeneutic perspective, the work of healing involves the creation of meaning in interaction and enactment. The emphasis here is on the engagement and the emergence of what has yet to be known, in interaction. Meaning is to be lived through together, to come into being.

I have called this mutual process the “flow of enactive engagement” (Grossmark, 2012b, 2015a), a kind of lived, shared free association or free-floating discussion as Foulkes described it (Foulkes, 1948). The patient and analyst, or group and group analyst, together surrender to the regressive process that emerges between them and can flow together into psychic and emotional territory that offers new and often surprising meaning. Rather than Freud’s original metaphor regarding free association, of a solitary subject reading off the images that pass by the train window (Freud, 1913), we now have a contemporary relational metaphor of an intersubjective and shared endeavor, where both participants in an individual treatment sit *side by side* as they are taken by a process that they both constitute and are constituted by, into realms neither could have foreseen. In the group setting, understanding and meaning are thus emergent and are *lived* together in the flow of enactive engagement, rather than cognitively arrived at: a true Gadamerian conversation in which narrative is a relational event.

From this perspective, there is a subtle shift toward a different image of the power of group. Classically, group therapy has been regarded as a way to situate the patient in a regressive situation. The emphasis has been on the regressive pull of the group situation and group dynamics (for example, see Schermer & Pines, 1994). I believe

that anyone who has experienced any kind of group, whether small or large, can attest to the evocation of more regressed phenomena. However, I would propose that this is not the *only* aspect of group process that is available for the group and its members. I would suggest that we can fruitfully think of regression as the evocation of different self-states (Aron & Bushra, 1998), perhaps more fragmented, less developed, and more emotionally charged, and so on. I would foreground the primarily creative potential that these self-states offer. I am not talking about artistic creative potential, although these self-states may also be the font of actual artistic or scientific creation. Rather, I am talking about the potential to create experience and meaning that had not been realized before. I am proposing that when a group is unobtrusively allowed to flow through enactments in a safe way, tremendous creative potential to undo dissociations and make meaning, where previously there was emptiness and dull repetition, is freed up. Being a part of this creative and vitalizing enterprise is in and of itself a healing experience for many members even when it is not the specific object of the group's work.

The role of the group and individual analyst is to create the conditions that foster and unobtrusively protect this flow into and through enactments (Grossmark, 2012a, 2012b). The analyst is not regarded as being outside the group process, such that interpretations can be made from a perch that is unaffected by what is transpiring in the group. Because dissociated and unformulated experience emerges in enactment and in relatedness, it is assumed that the relational analyst will unconsciously play a part in the unfolding narrative. It is paramount therefore that the analyst is available to utilize his or her subjectivity to amplify whatever process is emerging within and between the group or individual patient and analyst. The relational analyst pays careful attention to whatever snags and chafings (Stern, 1997, 2010) arise in their own consciousness that alert them to the emergence of what they and the group have yet to know.

The unobtrusive relational analyst (Grossmark, 2012a) allows the emergence of whatever process emerges in the group or dyad (whether we conceive of this as the group-as-a-whole, the field of treatment, or the analytic third) and simultaneously stays out of the way of that process while knowing that he or she is embedded in it and participates consciously and unconsciously with engagement and

authenticity. Such work is only possible when the individual, group members, and analyst feel entirely safe, and hence there is rigorous attention to the frame and boundaries of treatment.

Let me give an example. Here is a group working with a powerful enactment of trauma.

Susan, an Italian-American woman in her 40s told the group a story of terrible violation and abuse. She had been sexually abused by her male cousins during family summers at a country house. She had never told her parents or anyone at all until she told her individual therapist. She and her therapist had agreed that it would be helpful for her to come to group to work on her issues with dating and to try to talk for the first time with other people about the abuse. She told me about this in the consultation for group. I told her that she could take her time in group and to bring in the abuse only when she felt ready. For the first few sessions she attended, she was a friendly and open presence in group, able to offer help to others. She talked mainly about her problems dating. However, the moment came, and after a few weeks, she told the group about the cousins and the violation and abuse. However, as she did so, she was visibly transformed and told of the abuse in a manner devoid of any affect. The atmosphere in the room became soured with the stench of abuse, perversion, and toxicity. Group members, many of whom had suffered terrible abuse themselves, reacted with violent intensity. Jenny was enraged that Susan's parents had not noticed or in any way protected her. Susan protested that her parents were exemplary. She had never wanted to upset them. Jenny's rage turned to fury, and she screamed that she wanted to burn the whole of Susan's family alive for what they had done. George, whose father had been incestuously involved with his younger sisters, wanted to know more details about the actual sexual abuse. Julian, who had been sexually abused by a neighbor as a child, said that he wanted to leave the room because he was feeling nauseous and accused George of being a pervert who was trying to get some kind of stimulation out of Susan's painful story. I myself was overwhelmed and feared for Susan's mental safety. I feared that she could not withstand this onslaught and would be re-traumatized. I told the group that these intense and terrifying emotions were of extreme importance because we were entering into the actual experience of abuse and violation. In this group enactment, which continued over many sessions (interspersed with other self-states and forms of relatedness), the group came to live through what Susan had yet to experience. The affect—terror, pain, disgust, violence, perversion—that had been dissociated and unthinkable up to this point emerged within and between the group members. Further, each of the other group members entered the fields

of dissociated trauma that they had yet to fully experience. George's horror and contempt for his father, Julian's fear and revulsion, Jenny's rage at her abusive parents, all became activated in the group enactment. The group indeed felt for a while that it was "on fire" with intense affect and the combustion of previously dissociated and unformulated rage and terror. Gradually through many sessions, the group members were able to talk to each other with more reflective function and observe the dynamics of trauma and offer support. For instance, George was able to say to Susan that he was sorry for his intrusive questions but understood that this was a terrible legacy of the incest in his own household. He had, in fact, been a compulsive snoop, at times even stalking women he had developed an interest in. He had never considered himself as anything but respectful of women. This perverse side of him was previously consigned to an alternate dissociated self-state, and regarded as "not me." Jenny asked Susan to understand her rage. Jenny connected to rage that she was previously unable to own. She listened carefully to the group's suggestion that she pushed people away with her burning rage at the whole world. Susan herself had never considered that she was angry with her parents. She gradually filled in a much fuller picture of a complex family system that seemed characterized by denial and dissociation. Most importantly, she began to experience affect as she talked about her family. She also began to reassess how it came to be that no relationship of hers ever lasted beyond a few weeks. She had always regarded this as simply bad luck.

A few sessions into the enactment, presaged by Susan's revelations of abuse, I had a dream; I dreamt that Susan was on fire. I woke up with a clear thought in my mind: Susan is a burn victim. And just like severe burn victims, she cannot be touched, because to touch her would cause even more unbearable pain. I thought of the many other possible psychoanalytic interpretations of the dream involving traumatic sexuality and violation of her body, her own aggression and its consuming quality, and so on. I felt all were useful in conceptualizing and understanding Susan. But I did feel, due to the clarity of my waking thought and the powerful visceral quality of the dream for me, that the idea of Susan as untouchable spoke most immediately to the group process and to all the other traumatized members of the group. They could not truly touch each other without unbearable pain. I shared this dream and my painful thoughts about it with the group. I told them that I felt that the members were trying to really contact each other, with all their trauma and pain. However, the only way they could do so was in the fiery combustion of their traumas. The pain, aggression, and chaos were inevitable. The group itself was screaming a necessary scream. I do think that it was not only my thoughts about the dream as it related to what was happening that were

helpful to the group, but also the felt experience of me as metabolizing and trying to make meaning out of the hellish pain we were all gripped by that helped them find the path through this enactment, so that they themselves found a way to relate to each other from more than the one traumatized self-state.

The group had enacted all parts of the violations and abuses suffered, and even perpetrated (in George's case), by the group members. They came to emotional life within the group sessions. The point here is that until the experience that has been dissociated is actually lived through in an enactment, and is recognized and becomes graspable as lived experience in all its pain and sorrow, it cannot become "really real" and will remain an invisible force (a dissociated self-state) impeding the patient's ability to live fully and meaningfully. Until Susan's experience in group, the events of her past were "things that happened" but were not yet part of her self. They were empty of meaning for her. They were yet to be transformed via this lived and shared experience into "history," as opposed to "the past" (Bollas, 1995). All the members mentioned here were shocked by the virulence of their own emotions during this period.

Trauma can be manifestly massive, such as that suffered by Susan and the other group members, or it can be subtle and almost everyday, such as the cumulative experiences of a child whose expressions of selfhood are met with controlling or shaming responses, or are disconfirmed by non-recognition. These then become dissociated not-me self-states that can lead to many forms of symptomatology. We see, for example, the hardened concreteness of black/white thinking, disowned hostility, avoidance, and more. The dissociated experiences become the story that cannot be told. Yet in group, the narrative unfolds as enactment and interaction. It is lived through and begins to become real and graspable. Susan had been unable to think beyond "bad luck" about her inability to make relationships work. Jenny had lived in quiet and lonely resentment, never considering that her own reservoir of rage might have kept others from staying close to her.

ENACTMENT IN GROUP PSYCHOTHERAPY

As this example attests, enactments often involve painful and abrasive interactions and experiences in group. Rather than being seen as

blockages or resistances to the harmonious working of the group, from this perspective, enactments are the very point of the exercise. The group with Susan may have felt extremely difficult, even disorganizing to me and to the members, but I do believe that the work done during this enactment was the very reason we were there. Enactments may be regarded, as Bromberg suggested, as “potholes on the royal road” to the unconscious and to change (Bromberg, 2000). Indeed, the affective storm unleashed in the group after Susan’s telling of her abuse opened up areas of emotion and experience that had not been available for these group members in this way before and offered a lived experience of containment and holding for these states.

For me, the idea of enactment helped me uncouple myself from the pejorative sense in the concept of “resistance.” Rather than a resistance-based idea that would construe group process in terms of what is being avoided and not done, I would rather be curious about what the group or group member *is doing*. I’d rather be curious and open to what is being created within the enactment, what story is being told, rather than divining what is not happening and what is being resisted. As Thomas Ogden recently said from his neo-Bionian perspective:

Transference activity... is a psychological act not of reliving infantile and childhood experience but, rather, the opposite of repetition of early experience—it is an act of experiencing for the first time (with the analyst and in relation to the analyst) an emotional event that occurred in infancy or childhood, but was impossible to experience at the time. (Ogden, 2012, p. 41)

Treatment thus takes place through entering, living through, and finding some meaning and resolution through the enactments. Sometimes these can feel benign, interesting, even quirky and entertaining, and at other times, they can feel like entering an abyss of pain and torture. (From a Bionian perspective, we might say that the group offers an apparatus for thinking these thoughts, which is then internalized by the patients.)

NON-REPRESENTED EXPERIENCE IN GROUP ANALYSIS

Susan is a patient who had suffered massive trauma. But what about patients who are more regressed, patients who are not so able to

engage in a dialogic interaction and who barely recognize another self or subjectivity in themselves or in others, including the analyst (Director, 2009; Grossmark, 2012a, 2012b, 2013). These are patients for whom there is little or no self or object constancy, for whom there are few alternatives to merger and the loss of self in human interaction, for whom sadomasochistic object relations predominate in their every interaction, and for whom space, time, and reality are simply not experienced in a cohesive ongoing manner. Such patients have chronic experiences of emptiness and fears of relational impingement (Bach, Grossmark, & Kandall, 2014).

I am also referring here to patients who may have areas of the self that are more developed and may present with, and be able to engage in, what can appear to be intersubjective vitality. The relational embrace of the multiple and decentered self allows us to consider that many patients who present in this way also harbor self-states that contain earlier undeveloped, empty, and unspeakable parts of themselves that can find no expression in language (Botella & Botella, 2004; Levine, Reed, & Scarfone, 2013). I would suggest that such areas of the self or self-states are much less likely to be reached by dialogic engagement. Such self-states are often chased underground, as it were, by a group treatment that puts a premium on relatedness, thought, and dialogic exploration. Such patients offer real dilemmas for the group therapist who is often interested in finding and working with feelings. For patients who harbor areas of blankness, emptiness, and deadness, feelings and emotions are often part of the false self-adaptation to the world, their way of surviving and protecting themselves. Such patients may also be able to engage verbally, emotionally, and intelligently: they can appear to be engaged, when in fact the area or self-state that is frozen is an area that has no voice and no experience to express. They often appear uncomfortable in group, do not connect to others, dominate the group, or are themselves compelled to evacuate any potential thought or link to others by overly emotional talking or impingement on others. They are sometimes cold and haughty and often evidence symptoms that speak to an inner dysregulation of self, such as volatile affect and relationships, addictions and compulsions, and various kinds of sexual acting out and perversions. They are often lost in space and time, and lack the regular coordinates that make life for most of us comprehensible and continuous. Such patients are often lost and

confused in group. Such patients cannot tell what is wrong. They can only show! Often this “showing” communication involves what appear to be breaks in boundaries, lateness, non-engagement in group, and actual missed sessions. There are many ways one can foreclose and misrecognize this showing. If any of these unconscious communications or silent screams from dissociated self-states are regarded as resistances or attacks on the frame of treatment, these self-states will be chased underground and become ossified and encrusted in even more unbearable shame. An example:

Evan came late to group. I would rather not think about resistances to the task of the group or challenges to the frame of therapy. I'd rather let myself not know what is happening and try to see where the flow of the group enactment and my experience will take us, and anticipate the emergence of some as yet undefined meaning. Evan was a punctual and impeccably responsible person in his life. It turned out that he had been sleeping and had not woken up on time for the group. Evan had, however, been dreaming. I held in my mind the idea that one does not have to be physically present in the room to be in treatment, and I asked about the dream. The dream was full of dread, loss, and being left. The group picked up on this profound theme in this man's life and gradually put together that they had all experienced a painful absence when Evan had not shown up for group on time. One of the group members talked with emotion about her dread that the late patient had forgotten about or even abandoned the group. I myself had harbored some similar worry. My take on this was that we were involved in an enactment. When the group expressed their feelings, what emerged was the articulation of a previously dissociated agony. The group played the part of the man as a child, dreading that he was emotionally abandoned and forgotten about, and the man himself inhabited the experience of being lost and forgotten as well as the role of the abandoning parent. When not interfered with, with too quick interpretations, the group can find themselves living out what had previously not been formulated. In its behavior, the group had told a story, Evan's story, that he could not have told in words—and he was a man with considerable verbal gifts—because it was never formulated in his mind. He had never been attended to in such a way that his experience could be made real. The abandoned little boy was finally getting recognized and did not have to continue life as “not me.” He did not have to live forever compelled to be obsessively thoughtful, punctual, reliable, and perfect to the point of psychosomatic anxiety symptoms.

This brief and very simplified example captures the idea that rather than seeing the patient or group as *not* doing something, as resisting, or as being lost, I would rather see what the patient or group *is* trying to create. I'll see the patient as looking for or even forcing the therapist and group into some form of recognition of what the patient has yet to know about himself. It is a silent scream from a dissociated self-state that the patient has had no access to. It is a scream that brings about the presence of an absence. *You cannot describe what has never happened.* Rather than trying to understand or interpret the situation, which might only lead to an intensification of the rigidity of the dissociated, not-thinking state, the therapist can unobtrusively welcome and engage in the flow of enactment with the other group members, and the meaning—as yet unformulated, unknown to the patient and group—will emerge in the interaction. It is in what happens and what is about to happen that the action of the group takes place. Only when something feels personally real for the group members and for the therapist, can it become truly known and have meaning. Certainly, this applies to the example of Susan's group. She and the group members mentioned were silently screaming for recognition of their unformulated and unknown pain and trauma. Let me offer one last example of the emergence of the non-represented:

Gregory was haughty and dismissive of the other group members. He seemed bored and irritated by almost everyone and everything. When first in the group, he briefly mentioned that he had been brought up in an abusive household where his father would become drunk and beat him and his mother with a two-by-four. He related this with an absence of affect and a shrug that said, "Hey, what can you do?" He described his mother as an abused and limited person who had fallen into years of almost total silence and dull compliance with his father, since his earliest years. He described her sitting in the kitchen talking to invisible people. She often seemed to be hallucinating. "But hey, what can you do? That's all in the past." Gregory had quite a successful career, but he struggled with friendships that often seemed to go wrong for reasons he could not describe. For his first two years, interactions with him centered on repeated confrontations regarding his abrasive attitude toward the group. At first aggressively abrasive when anyone suggested he might do well to look at himself and his role in these interactions, he gradually began to trust that there might be something of value in the group. He

began to describe situations in his life in which he seemed to evoke discomfort and conflict, for instance, making members of his staff at work cry on more than one occasion and seeming to turn friends off. When telling the group about incidents at work that troubled him, he would, however, become lost in laborious details of who reported to whom, often mentioning names and details of the organization that the group could rarely follow. Typically, when someone in the group would ask for clarification or express confusion, Gregory would become irritated and hostile, complaining that he was telling them something important, if they would just listen to him! These interactions would often deteriorate into more abrasiveness and anger and typically end up with Gregory returning to his most frequent complaint: The group does not understand me, so what's the point of this anyway?

When trying to engage with other members of the group and with ongoing group process, Gregory would often seem to hold his head aloft, and he seemed to squint and peer at others in a manner that certainly looked like sneering. He literally seemed to be looking down his nose at the others. Since this is not a group where members hold back their feelings, Gregory was once again on the receiving end of some pointed feedback, as people told him how angry he made them and how hostile he seemed. He would then say that he was surprised to hear this and insisted that he just wanted to engage. He seemed to make no connection with the group process and his problems with others at work and in relationships, even when the group suggested that there was probably a pattern here worth looking at. Once, he described how he was completely mystified when a person he met at a social occasion had left the conversation with him in tears.

The pattern in group continued, and he began to talk about leaving the group. Some group members appealed to him to stay, while others said they'd probably all be better off without him and his constant complaints. I said I was very aware of the discomfort and misalignment between Gregory and the group and that I was most interested to stay with it and see what it was all about. I told them I felt like we were all involved in a story but couldn't yet put words to the narrative. All we could do was to keep at it and try to be as honest and direct with each other as possible. The group and Gregory seemed calmed by this.

I felt that Gregory's behavior could be well described as the projection of unmanageable anger and hatred into the group, such that he was constantly evoking anger in the group members, and the group members were identifying perfectly with the projections, creating a feedback loop of projective identification that had become the signature of his daily life. Such an idea

suggested that the clinical focus would be on the group and the therapist containing and metabolizing the anger until such time as Gregory would be ready to “take back the projection” and integrate the anger into himself. Certainly, one could safely assume that Gregory had good reason to be extraordinarily angry and scared of that and many other emotions, given the abuse and neglect of his upbringing. We could also focus on the enactment of an abusive connection. The group and I would enact with him a version of the abusive and violently contaminated relationship with his father. There is no connection without pain and the loss of self, such that every interaction is laced with sadomasochism, someone is always doing something to someone else; there is simply never peace and an easy flow between people. These ideas were floating in my mind when I told the group that I felt we were part of a narrative that didn’t have words yet. Meanwhile, I had a snagging or chafing feeling (Stern, 1997, 2010) inside that there was something more going on here, something outside of what could be thought or put into language. I think that if I offered these thoughts to Gregory and the group, there would have been general agreement that this made sense. I think Gregory himself would have felt understood by these comments and probably would have experienced some relief. But I wanted to listen to that unsettled feeling that I was sitting with and to keep paying attention to the group and my reactions. Something that was not formulated or represented was being enacted and lived in the group.

Gregory continued in the group, and over time I began to notice that he often seemed distracted and he continued to describe continual irritation with everyone in the group. In one group, he seemed particularly distracted. Another member asked what was up. He said that he was not able to follow the conversation and that he found himself totally confused. I finally had shifted my perspective enough to take his non-participation, his non-relatedness, seriously. That is, I felt his misattunement with the group, and his constant criticism that he was not being understood was a big positive communication. It was a communication not about something that was *not* happening, but a vivid rendition of something that *was* happening between him and the group. He was unconsciously *telling* the group about his early years and his relationship with his mother. The group and he were living out a pre-verbal relationship that was characterized by the absence of attunement and organized thought. The question to ask in moments like this is not: “What are you feeling?” Nor is it to bridge in the way suggested by Ormont and others: to ask other group members, “What is Gregory feeling?” or even “What feelings is Gregory not able to have right now?” Such interventions focus on what is formulated, and as I mentioned, the articulation of feelings is often a way to not remain in a state of non-representation. So I just told the

group that we needed some time with Gregory. The group fell silent and waited with me. Gregory seemed full of emotion and confusion. He started to talk in a way we had not experienced before. He said that he kept thinking about what Jimmy had said two weeks ago before Jimmy had gone to visit his family out of state. Jimmy had said that he hates visiting his mother because she is so intrusive and insincere. Gregory seemed filled with emotion and could barely get the words out. "You don't know how lucky you are to have a mother: I don't have a mother." He seemed to be speaking from a very different self-state, a state we had not yet encountered. Gone was the sneering and aggression, replaced by a self-state that seemed almost childlike in its clarity and naivete. "I don't have a mother," he repeated. One group member gently said that we were aware of his mother's death some 15 years ago. Gregory continued to speak from this different self as every pair of eyes in the group was fixed upon him. His whole visage seemed transformed and open in a way that I found remarkable. "I don't have a mother." "I want my mom." "I want to know my mom." These words seemed to be spoken out of time, from a timeless childhood place deep inside him. He wept uncontrollably and repeated the last invocation: "I want to know my mother."

Needless to say, this was a transformative moment for Gregory, for the group, and for my sense of him. My feeling is that this seemingly very simple plea is not simple at all. If we cannot know and have access in a coherent way to our mother's mind, we cannot know and have good contact with ourselves. We are left with an absence, a void that has no words. In Andre Green's language, we are left with an area of an inner blank psychosis, of an internalized dead mother (Green, 1999). Gregory's plea is not about the loss of his mother when she died, it is about the loss endured from his earliest moments of life, when there was a nothing where there should have been a something: a related, enlivened, and enlivening other. What Gregory had was an internalized blankness that suffused all of his functioning. He was continually out of sync with others and for the most part quite lost in human interactions. The internalized sadomasochistic relationship with his father became materialized in a self-state that afforded him protection, safety, and some sense of continuity as he engaged with other people, all of whom threatened him. He "did unto others before they did unto him," as a way to stay vigilant and protect his extraordinarily vulnerable, empty, and unformed self that existed only in a non-represented self-state. This vulnerable self only emerged in

this complex flow of enactment of misattunement and non-recognition in the group. This is the self that would have been lost if I had urged the group to articulate feelings prematurely, if I had perceived Gregory as resisting or attacking the group, or if I had promoted greater object-relatedness via bridging. In fact, he was showing the group an absence of relatedness that was yet to be known or to have any mental shape. And that showing emerged *in the group* as Gregory participated in the only way he could.

I think it is crucial in working in this area of non-represented and unformulated states to respect the group's capacity to create meaning together with the therapist and to be unobtrusive to this process, to not intervene and try to make something happen, or to interpret too quickly. The unobtrusive relational group analyst is deeply engaged, open, and encouraging with the group, and he creates and protects the space within which enactments like this can unfold over time. This requires the group analyst to hold, contain, and metabolize many painful and complex feelings and states, and to trust that the necessary narrative will unfold in the group.

These groups narrated what had been unsayable and unknowable for Susan, Evan, and Gregory. They created meaning where there had been absence, connection where there had been emptiness, and self where there had been pain.

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