Robert Grossmark expands our current understanding of the relationship between hermeneutic psychoanalysis, relational psychoanalysis, and complexity theory, illustrating this relationship in the context of presenting his work and discussion of his group psychotherapy experiences. Complexity theory continues to be increasingly elaborated in psychoanalysis and integrated into psychoanalytic theories centered on multiplicity, dissociation, and enactment. The utility, vicissitudes, and potential problems with this integration necessitate an emphasis on the distinction between thinking *phenomenologically* and thinking *explanatorily*. Recommendations are offered for a more seamless integration and application of these theories.

It has become increasingly popular to invoke a dynamic systems language and sensibility in our attempts at understanding more deeply human experiencing and relating, the dynamics of meaning making, and the nature of the change process.\(^1\) And really, how can we resist this any

\(^1\) I am deeply indebted to the many authors who have advanced this perspective in psychoanalysis, including Galatzer-Levy (1978); Sashin and Callahan (1990); Moran (1991); Varela, Thompson, and Rosch (1991); Lichtenberg, Lachmann, and Fosshage (1992); Spruiell (1993); Thelen and Smith (1994); Stolorow (1997); Shane, Shane, and Gales (1997); Miller (1999); Palombo (1999); Scharff (2000); Beebe and Lachmann (2001); Charles (2002); Ghent (2002); Magid (2002); Sander (2002); Sucharow (2002); Trop, Burke, and Trop (2002); Bacal and Herzog (2003); Dubois (2003); Harris (2005); Piers (2005); Seligman (2005); Thelen (2005); Bonn (2006); Orange (2006); Pickles (2006); Weisel-Barth (2006); Ringstrom (in press); Weisel-Barth (in press).
longer? Psychoanalysis is arguably the last discipline, though remaining “interestingly undecided” as to whether it is art or science (Philips, 2001, p. 2), to be dragged kicking and murmuring into the age of perplexity complexity. I'm hard-pressed to think of a discipline now not influenced, perhaps revolutionized, by this no-underlying-rules, no-underlying-design sensibility. And what took us so long? Much of our theory building, naturally, has evolved out of our personal, historical, and clinical experiences (Kohut, 1959; Stolorow and Atwood 1979; Mitchell 1997). There is a lot to be said about an empirical, bottom-up approach to understanding emotional experience and meaning. If our theories are not grounded in experience in one way or another, what good are they?—speculative fantasies about how things work imposed on the experiential worlds of others who aren't speculating in the same way. Sets the stage for a collapse of mutual recognition (Benjamin, 2004; Aron, 2006; Reis, in press), yes?

Experience also reflects, however, that the world doesn't necessarily work in the way it feels or looks, and many of our tried and seemingly true equations for understanding human life just don't always work (Galatzer-Levy, 1978). A striking example resides in our insistence that our own personal experience, is, well, our own. Any contextualist worth his or her salt will tell you otherwise—that so-called individual experience and meaning is distributed across a relational network of which each of us is but a constituent. It's where we stand in relation to one another (not who we are but how we are in relation) that determines our personal experiences and the meanings we attribute to them. In response to Thelen and Smith's (1994, p. xix) observation that “solutions emerge from relations, not from design,” Ghent (2002, p. 771) remarked that “is it this meaning of relational, rather than its more superficial usage as the relations between people, that gives power and significance to the term relational psychoanalysis”.

Thus, what took us so long may be our unremitting preoccupation with emotional experience—not such a bad thing really—in concert with our proclivity to organize and structure our theories to reflect that experience (Kohut, 1959). And if we examine emotional experience, at least superficially, complexity theory isn't exactly what comes to mind first in the way of theorizing.

Grossmark's paper, revealing a cogency and clarity that is certainly matched by his clinical work, not only advances us in our awkward and anxious search for the utility of trying on a complexity perspective but also elegantly combines, if syncretistically at times, this perspective with familiar and essential paradigms increasingly associated with it, namely, hermeneutic psychoanalysis and relational psychoanalysis. After all, what is a hermeneutic
psychoanalysis if not a philosophical description vis-à-vis emotional meaning of what in molecular biology (a strong advocate of complexity theory) is understood as autocalysis—the self-generation of the agent of change through the process of a complex adaptive system's constituents intermingling and self-organizing with each other? This calls to mind the complexity theory adage that the action of a complex adaptive system is a kind of game in which the rules change as a result of the play. Meanings change as a result of playing with meaning. And perhaps even more exciting, Grossmark offers us a window into a clinical instance in which at least one premise of complexity theory—the radical embedded-ness of emotional experience—actually comes to life in the experiential worlds of the group participants—that is, in which the phenomenological dimension of discourse actually coincides with that of the explanatory. This essential theme is elaborated next.

In addition to his clinical work and his insightful retrospective descriptions of it, Grossmark invites us in his paper to consider what it would mean to engage in this combining of paradigms the net results of which have not always been too theoretically or practically salutary. Many authors seem quite adept at employing a systems language and terminology and yet are relentlessly hobbled by their inevitable collapse into one-person model descriptions when it comes to the clinical surround. (Here's how a complex system works, but now let's call the patient “the system” and leave me out of it.) But this isn't the case with Grossmark's description of his own group context. His engrossing clinical example doubtless reflects a complex adaptive system at work; he tries to avoid reducing the action of the system down to the psyche of one group member. In that sense, if I read Grossmark correctly, an enactment is a systems event, not the result of two or more isolated minds bumping into each other. His vision of this type of systems event is such that it can take shape, or emerge, in the experiential world of an individual, and, alternatively, is such that something of an individual's experiential world can emerge in the world of the system.


2 For an elaboration of the concept of autocalysis in complexity theory, see Kauffman (1995), and see Coburn (in press) regarding its application to psychoanalysis.
2006)—the aim of which is to facilitate the emergence of reflective capacities, mentalization (Fonagy et al., 2002), and meaning making in group members in whom previously there was dissociation, chaotic interactions, and enactment. His case presentation indeed demonstrates the management of intense and painful affect and the use of other group members as the agent of change. In this light, Grossmark conceptualizes the group itself as the agent of change—what he refers to as “therapy by the group” (this issue, p. 479). This isn't about passing off the burden of therapeutic work to group members, but let's face it, it's relieving to know that the therapist isn't responsible for everything, including the more traditional requirement to know about everything that's going on.

Therapeutic action, then, is understood here as an emergent product and property of a larger system, not exactly something a therapist does to a patient or patients. In complexity theory, this references the concept of perturbation—the introduction of novelty into a complex system at a moment when the system is more or less poised between order and randomness (poised at the edge of chaos) such that the system undergoes a trajectory shift toward a new and perhaps more useful, more adaptive attractor state (preferred configuration). We witness this firsthand in Grossmark's clinical example. Grossmark states, “far from being a problem to be overcome, disruptions to the group mindset and to the group itself are seen as opportunities for growth and for the shifting of self-states” (this issue, p. 487). Also, there are a variety of forms of “disruptions” that may serve as perturbations to the system, not the least of which is the privileging of the process of reflection, meaning-making, and generally a “spirit of inquiry” (Lichtenberg et al., 2002). This last point is essential to Grossmark's perspective and indeed is a key component in what is therapeutic.

Grossmark's theoretical ideas and clinical work reflect commendable and fruitful efforts at contemporizing aspects of relational theory that historically, when taken as something other than phenomenological description, are incompatible with the more radical contextualist sensibility proffered by complexity theory. Grossmark's project of integrating a dissociation/enactment model with a complexity sensibility, however, is not entirely seamless. And really, how could it be? Altman (1995) previously posed relevant questions in this regard:

The theoretical and technical diversity that characterizes contemporary psychoanalysis makes many wonder about the extent to which integration is possible. Are all the various points of view now extant simply pieces of a larger puzzle? Are they partial, limited perspectives
that, when properly integrated, will yield a comprehensive and unified theory covering all the bases? Or are the various points of view incompatible in certain respects, requiring analysts to choose among them?” [p. 595].

I think the answer is yes and no, depending on what level of discourse we are speaking—phenomenological or explanatory. For example, conceptualizing a theory of dissociation, multiplicity, and enactment of aspects of an individual’s emotional world is highly resonant with a complexity perspective, assuming that such a theory is really a description of personal experience (phenomenology) and not the presumed underpinnings of such experience (explanation). If such a theory is understood as an explanation for experience, it would be incompatible with the complexity sensibility put forth by Grossmark, the latter being an explanatory framework organized around the necessity to consider all psychological phenomena as products and properties of the larger relational system of which each of us is a part, not as the derivatives or machinations of an individual psyche. The more traditional perspectives on the vicissitudes of intrapsychic life (e.g., projective identification, internal self- and object representations, drive management, the presumption of “representing” aspects of the external world, etc.) are fundamentally at odds with concepts such as self-organization, distributed representation, complexity (variously defined)³, nonlinearity, and the like.

It isn't seamless because Grossmark's ambitious project of paradigm integration combines, perhaps at times conflates, both phenomenological and explanatory levels of discourse. And this is probably unavoidable, given our deepening appreciation for the realm of the implicit and the unformulated (D. B. Stern, 1997; D. N. Stern et al., 1998; Fosshage, 2004) and our need to find ways to talk about them. However, the advantage of employing a complexity sensibility while retaining a dissociation/enactment model of emotional experience, as philosophically disparate as they may be, is that it rescues the clinician and theoretician from the inevitable collapse into attributing the vicissitudes of unformulated experience (D. B. Stern, 1997) to one or two individual psyches and instead speaks about such experience as distributed throughout a relational system. And I think this was beautifully illustrated in Grossmark's clinical example. Thinking phenomenologically, we often speak about, say, Gladys's self and other configurations, or perhaps those of the group that are emerging on the local level of Gladys's experiential

³ See Taylor (2001) for an elaborate delineation of the various ways in which complexity can be defined.
world. But thinking explanatorily, we can only understand the emergence of an enactment—an elaboration of heretofore unformulated, trauma-based and/or disavowed affective experience—as a product and property of the entire relational system. This is consistent with a hermeneutic stance in which the interpreter is as responsible for the meaning of the text as is the author of the text. It is in this sense that Grossmark's integration of these theoretical perspectives advances our efforts, I believe, at not only helping introduce a long-overdue complexity sensibility into psychoanalysis but, in addition, at not throwing the more phenomenological baby of enactment, dissociation, and multiplicity out with the explanatory bathwater of Procrustean, one-person models. Let's turn to some of the details of Grossmark's clinical example to explore these ideas and also to consider what else may have been enacted in this particular group therapy context.

In his clinical work, Grossmark beautifully demonstrates the rigors and demands of working with groups and, indeed, transports us into the consultation room such that we palpably experience the anguish of intense affect, as well as the infuriating deadness so often associated with dissociated states. This was a superb illustration of the fast-paced dynamism of group work and, in particular, an elegant depiction of the emotional prerequisites necessary to tolerate intense group interaction (e.g., tolerating and utilizing his counter-transference experience). In particular, I applaud Grossmark for his emotional stamina, his capacity to “hold” his subjectivity when necessary (Slochower, 1996; Van Der Heide, in press), his penchant for tact and timing, and especially his ability to reflect when under siege—this latter point ultimately proving pivotal in the positive trajectory shift of the group.

Grossmark asserts that certain kinds of “damage to the mind and its relations to the world [are] not amenable to being talked about. It can find expression only via projective identification and enactment” (this issue, p. 481). I would add, viewed through the addition of a complexity perspective, that such trauma-based dimensions of experience are of course always relationally based and often emerge in the context of a larger relational system and on an implicit (Fosshage, 2004), unformulated (D. B. Stern, 1997), or dysformulated (Stolorow, 1997) basis. Grossmark well illustrates how their emergence is not the product of an individual mind projecting its contents outwards and into the psyches of other group members. However, it is not clear at times whether he is speaking phenomenologically or explanatorily when he does relegate his and the group's experience to Gladys's personal, internalized relational history. He states,

I imagine that this was a complementary version of Gladys's mother's unmentalized dread that she was not up to the task of having and raising
children. Similarly, in a concordant way the group and I are experiencing the unmentalized, dissociated piece of Gladys's upbringing. We are feeling bullied and tortured by her pain and rage, as she was by her mother. It is a victimized response that leads to an internal collapse that involves self-denigration, helplessness, and disgust. [this issue, p. 491]

In this instance, is Grossmark explaining the dynamics of Gladys's dissociated and enacted internal world as it is thought to play out in the psyches of the other group members, including his own? Or is he sharing dimensions of his own personal experience of being with Gladys and the group, essentially, as Gladys states, “just saying what I feel”? If he is speaking explanatorily, what then of his own history, his own potential dissociated, unformulated experience that one must assume is simultaneously enacted upon (or within?) the psyches of Gladys and the other group members as well? Naturally it can't be all about Gladys. If he is speaking phenomenologically, however, I believe we witness Grossmark's artistry at catapulting us into his consultation room and providing us an excruciatingly palpable sense of what it's like to be in the grips of not only Gladys's rage or of Henry's affective disavowal (despite his eventually finding a feeling!), but also of Grossmark's own “internal collapse” organized around “self-denigration, helplessness, and disgust.” Using Rackerian language, for example, as a means of phenomenological description and not theoretical explanation ultimately facilitates the very integration of dissociation/enactment theory and complexity theory that Grossmark aims to accomplish in his present work. Using it as a mode of explanation, however, potentiates the inevitable syncretic dilemma4 (to which I alluded earlier) inherent in combining these paradigms. In addition, to do so might reroute or abort what otherwise might be salutary therapeutic trajectories. Ultimately, I am left with the sense that Grossmark's positive if hard-won clinical outcome reflects a felt-from-the-inside-out complexity sensibility in concert with the rewarding use of a dissociation/enactment theory as phenomenological description.

Two additional though equally essential themes brought to life by Grossmark's clinical example include, first, what it means, exactly, to be “in the grip of the field” (this issue, p. 491), echoing the words of Donnel B. Stern (1997), and second, what is involved in and what emanates from freeing ourselves from such a grip. I think in addition to the felt grip to which Grossmark refers vis-à-vis Gladys—the experience of being held

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4 See Lewin and Ross (1960) for an elaboration of the concept of syncretic dilemma.
hostage by another's rage and blame—the group as a whole and each individual that is constitutive of the whole reflect and articulate, each in their own unique way, an essential characteristic of what it means to be unremittingly embedded in the context of a complex system: We are all in the grip of ourselves and of the world, embedded in the system, like it or not. Orange captured this succinctly when she stated that “I inhabit the world just as the world that I am inhabits me” (2001, p. 298). But it is usually the emergence of painful affect in concert with the relentless patterning of repetitive experience—the seesaw or the compass needle to which Aron (2006) referred—that reminds us of this quintessential facet of living in a world of systems. How and where this phenomenon emerges in the group—to which I turn momentarily—illustrates a rather rare occasion in which the phenomenology of living in a complex system matches one of the essential explanatory tenets posited by a complexity perspective. As I mentioned at the outset, the world doesn't necessarily work in the way it feels or looks, but Grossmark and his patients provide us with a compelling exception.

An instance of this unrelenting sense of embeddedness, of being dragged along, was announced early on in his clinical presentation, having been enacted by Grossmark when he moved his office (I assume this was not decided democratically, but the group did comply). He then considers Karen's fragmented state as “capturing the whole group's state of mind in response to the news of the new member” (this issue, p. 488). Certainly being informed of the addition of a new member is to experience one's embedded-ness in a system that one alone does not control. Then to Gladys, immersed in her rage and blaming, Grossmark interprets that he has trapped her, is just “dragging [her] around.” Here, in response to her shame, fear, and felt absence of authorship and ownership of her experience, Gladys attempts to isolate the source of her anguish, and blames Grossmark. And who could, well, blame her? Each of us is continually on the hunt for a single, recognizable source of our experience, our pain. If we can isolate it, reduce it down to something within our grasp, perhaps we can fight it, eliminate it, at least account for it. In some instances—particularly in contexts of intense shame—we may lurch to assert that this is all about you, not about me. But sadly, this form of reductionism amounts to a decontextualization (P. Maduro, personal communication, Jan. 2007) of human experience, given that all emotional experience, broadly speaking, is necessarily an emergent property and product of one's history, one's current state, and one's environment (Coburn, 2002). Grossmark (or the entire group, for that matter) is no less, but no more, responsible for Gladys's rage and recalcitrance than was/is Gladys's mother. Dorothy also reflects this sense of
embeddedness in what still is, at this juncture, a torturously repetitive system when she remarks about her “oh no, here we go again” feeling.

In terms of freeing ourselves from the grip of the field, one facet of therapeutic action can be conceptualized as the contextualization or recon- textualization of emotional experience—the coming to feel and understand that human experiencing and its associated meanings are distributed across a larger context or system, past, present, and imagined future (Loewald, 1972; D. N. Stern, 2004) and can never be relegated to one source alone (i.e., the placing of blame). Grossmark beautifully illustrates how it was not solely the requisite (re)introduction of reflective space, of mentalization (Fonagy et al., 2002) or of “standing in the spaces” (Bromberg, 1998) into a repetitive system that proved mutative but also the use of that space for contextualizing and expanding their understanding of the sources of their experience of trauma and loss, again, past, present, and imagined future. This is exemplified in Dorothy's reminder that “it's no one's fault”—which reminder signaled this system's “phase transition” toward a more complex state (complex used here to denote the state of a system in which it is situated more closely to the center of the spectrum—extreme order at one end and extreme randomness at the other end). The complexity sensibility that emerges here asserts that there is more to me and to us than the rigid doer-done-to (Benjamin, 2004), seesaw-like (Aron, 2006) dimensions of experience that we, painfully, have come to know so well. Releasing our selves from the grip of the field, however, should not be conflated with the notion of removing or freeing ourselves from the system itself. Repetitive or transformative (Lachmann, 2000), it is within the system that we remain relentlessly embedded.

Finally, I wish to highlight the importance of Grossmark's observation that the “leader's role [is] conceptualized as the managing of the phase transition.” It is to “live with the group, at the edge of chaos” (this issue, p. 495). It is to “bear the complexity and accept the turbulent and nonlinear nature of change” (Bonn, 2006). In this sense, the therapist is not understood as the “perturber” of the system (Gladys's experience notwithstanding) but rather as a facilitator, witness, and interpreter. System perturbations, including the essential ones of privileging a spirit of inquiry while tolerating the grip of the field, are systems events and never authored by one participant alone. We witness this in Grossmark's rich clinical material. As is evident by now, as Grossmark asserts, the “therapist's task is to help the group itself become the agent of change … [such that] new and unformulated experience [can] emerge” (this issue, p. 479). Grossmark, indeed, demonstrates this very well. For me, this is the spirit of his paper, one that
reflects an advance in the application of dissociation/enactment theory, bolstered by a complexity sensibility, to the group setting.

References


Shane, M., Shane, E. & Gales, M. (1997), Intimate Attachments: Toward a
_Psychoanal. Dial._, 6:323-353. [→]


Van Der Heide, N. (in press), Authenticity and psychoanalytic technique: A reconsideration. *Int. J. Psychoanal. Self Psychol.*, 2:3. [→]


Weisel-Barth, J. (2006), Thinking and writing about complexity theory in the clinical setting. *Int. J. Psychoanal. Self Psychol.*, 1:365-388. [→]