

From Immersion to Formulation and Integration: The Complicated Journey of the Trauma Group Leader

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This article invites a closer look at the complicated challenge of the leader's use of his or her countertransference in the trauma group. It considers how countertransference can be used and when and how it falters. It suggests that the journey the leader takes with a trauma group necessitates an acceptance of unpredictable internal and external factors; the continuous movement from affective immersion to theoretical formulation; and the inevitability of enactments that stop process while expanding the possibility of understanding and integration. The author draws on her own clinical experiences to illuminate this thesis. She considers a vignette from a trauma group in which use of countertransference opens the process to unshared echoes of trauma and a case study in which the leader's own trauma becomes enacted "shared group trauma," which derails the process before it offers opportunity.

KEYWORDS: Trauma; group leader; countertransference; enactment; group process; relational theory.

To be truly effective as a trauma group leader intervening in the aftermath of trauma, one must be willing to enter into the unregulated affect, disbelief, shame, grief, and disavowed horror endemic to traumatic events. As such, the challenge is personally, interpersonally, and intrapsychically complex.

We have increasingly come to understand the impact of trauma as relational (Bromberg, 2003; Solomon & Siegel, 2003; Stolorow, 2007). Be it in the wordless horror of child abuse (Davies & Frawley, 1994), the assault of adult-onset trauma

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(Boulanger, 2007), or the catastrophic destruction of natural disaster (Raphael, 1986), traumatic events disrupt connections and trample bonds. Boulanger (2007) suggested that trauma causes a collapse to "the world without and the world within" (p. 9). Stolorow (2007) defined the impact as a "sense of estrangement and alienation from other human beings" (p. 20). For Kohut (1977), the relational context of trauma was the selfobject catastrophe of the lack of interactive repair.

Drawing on a broad relational perspective (Aron, 2001; Hirsch, 1996; Kohut, 1977; Stolorow, Brandchaft, & Atwood, 1987) and trauma group theory (Harwood & Pines, 1998; Johnson & Lubin, 2008; Klein & Schermer, 2000; Mendelsohn et al., 2011), we recognize the healing potential of the trauma group across the time spectrum of traumatic events because it affords safety, allows remembering and mourning, and facilitates reconnection in and through an intersubjective context with others. As Herman (1997) suggested, "the restoration of social bonds begins with the discovery that one is not alone. Nowhere is this experience more immediate, powerful, or convincing than in a group" (p. 215).

Essential to this healing potential is the group leader's ability to restore relational bonds using his or her countertransference as an inevitable and essential tool of understanding and integration. As such, this article invites a closer look at the complicated challenge of the leader's use of his or her countertransference in the trauma group. It considers how countertransference can be used and when and how it falters. It suggests that the journey the leader takes with a trauma group necessitates an acceptance of an unpredictable internal and external reality for leader and members, a continuous effort to feel and register the conscious and unconscious affective states of self and other, the movement to formulation and integration of trauma's impact, and the inevitability of enactments that become obstacles but offer opportunities.

In considering the trauma group leader's use of countertransference, the author uses a totalistic definition of countertransference (Kernberg, 1965; Wilson & Lindy, 1994). This perspective accounts for all personal and professional aspects of the leader in reaction to all aspects of the group members as well as the intersubjective context created by the therapist's total countertransference in concert with the total transferences of the group members (Aviv, 2010; Roth, 1990).

In a trauma group, the leader's countertransference is inevitably affected by the impact of trauma that is carried, shared, and stirred by the group on many levels (Klein & Schermer, 2000). Such trauma includes the vicarious witnessing of recalled traumatic events as well as dreams, flashbacks, and memories of the events; manifestations in group members of the common symptom clusters of hyperarousal, reexperiencing, and constriction; and the persistence of symptoms in members dealing with posttraumatic stress disorder (PTSD), anxiety, and depression. The reality of secondary PTSD and vicarious traumatization for those working with trauma underscores the impact of a leader's close and continuous exposure (Pearlman & Saakvitne, 1995; Stamm, 1999).

Adding to this, and particularly relevant to the trauma group leader's intersub-

jective relating with group members, is the leader's identification with and introjection and projection of the unbearable affect of trauma experienced as the loss of a sense of being with others; the loss of the absolutisms of everyday life; the loss of temporality as one feels stuck in the traumatic moment; and a terrifying sense of "being toward death" (Stolorow, 2007, p. 39).

In the face of such inevitable impact, the trauma leader's use of his or her countertransference to cope with, contain, and maintain a holding context for self and group can feel like walking into the lion's den to touch and connect with that which is feared. Toward this end, an essential dynamic in the group leader's use of countertransference is the necessary and continuous oscillation between affective immersion and theoretical formulation, be it in the course of the session, between sessions, after a session, or, at times, long after a group has ended.

Schore (2003) would describe this oscillation neurophysiologically as the willingness to go into right brain affective attunement before returning to left brain logic. He cited research to suggest that conscious and unconscious affects are the center of empathic communication and that the right hemisphere is dominant for registering them. It is also the place where trauma is registered in the survivor's fight-flight response. The therapist, or in this case the group leader, who can be in hovering attention of the right hemisphere, tolerating affective immersion in the group's affective pain, is in the valuable position of receiving the interactive transfer of affect between the right brains of the multiple relationships. It is the willingness to feel as a way to empathically understand.

Following this affective immersion, the movement to reflection and formulation is necessary for the centering of the leader and the needs of the group. The return to left brain formulation is what affords meaning making, mentalization, and, ultimately, integration for leader and group. When a group cannot or will not allow a leader to move out of the affective chaos, projection, or traumatic assault, there can be no formulation and no integration. The process dissolves. As Hinshelwood (2008) suggested, a group leader must be able to move to a "reflective space" to process and deal with the overwhelming affects and contagion associated with trauma. A poignant example of this is Benson, Moore, Kapur, and Rice's (2005) discussion of their countertransference experiences dealing with uncontrollable rage and conflict in groups in Northern Ireland. Given the inevitable dissolution of the groups, the experience had remained painfully unprocessed. The leaders report, however, that their efforts to retrospectively formulate the painful countertransference experiences have served to mediate the impact they suffered.

To closely consider the journey of the trauma group leader, I will draw on my own clinical experiences to illuminate the complexity of internal, external, and intersubjective factors that bear on the group leader's capacity to use countertransference and move with a group from affective immersion to formulation en route toward integration. Toward this end, I will describe one vignette and one longer case example. In both cases, details have been altered to protect confidentiality.

VIGNETTE: HEARING THE SILENT ECHOES OF TRAUMA

After 9/11, I was involved directly as the leader of two bereavement groups. The group members were the widows of either corporate personnel or uniformed responders who expressed a need to be helped in the privacy and company of others who had suffered a similar loss. Accordingly, these were homogeneous groups addressing the unfathomable loss of young husbands and the impossible thought of raising their children alone. My goal as leader was to bear witness, contain their anguish, normalize trauma reactions, and provide a compassionate presence for them.

In the group to which I refer here, particularly in the early months after 9/11, the members had an overt need to stay connected by concurring with each other or remaining silent in the face of expressed differences. As Ziegler and McEvoy (2000) suggested, this homogenizing tendency is not uncommon in early trauma groups trying to forge a group identity. Adding to this, I was colluding in keeping it safe by generally making group-as-a-whole comments and allowing anger to be displaced outside the group, a common countertransference misstep by a leader who is trying to spare the members more pain.

Importantly, however, one member, Jane, expressed differences that made the group uncomfortable. Jane was silent when the group spoke of their pain, avoided my invitations to share, and complained about neighbors sending her or her children gift baskets even to the point of moving her car so no one would know they were home. When the group did register surprise at her complaints, she strongly explained that she needed her privacy and questioned why they didn't. Puzzled myself by Jane, but sensing vulnerability, I did not use my countertransference to formulate a way to approach her until she almost shut down a session. Schneider (2005) might say that it was not until she interfered with my narcissistic need to have a good group that I was jolted into using my countertransference more therapeutically:

Jane walked in as the members were discussing what their deceased husbands would have wanted for them and angrily said, "No, we are not going to talk about being without them. I have been too sad all week." The group became silent, and I turned to ask Jane, "How are you feeling now?" She responded, "We don't need to speak about the sad stuff. That's not what's going to help." As I was thinking, "What might help?" Jane responded to the unspoken question. "You know what helped me? In the past few days a friend of mine asked me to walk with her, and I did." Struck by the contrast between her angry interruption of the session and the tone of almost childlike appreciation for her friend's invitation, I thought of mothers. I asked, "Was your mom someone who could make you feel better?" Jane looked at me and the others and said, "I am going to tell you how abusive my mother and brother are. My husband protected me from them. I haven't even had a memorial. I don't want them to find out he is gone." Stunned, I looked around at a startled group that was riveted on Jane and crying with her.

Using my countertransference for empathic attunement, I had opened a space for Jane to authentically share. Eventually, she, like the others, would come to use the group as a necessary selfobject to address the existential terror of externally and internally losing a partner (Phillips, 2005). What she had offered that day was a necessary confrontation of the illusion of the "safety of sameness," which the leader thought she needed to provide.

ENACTMENTS IN THE TRAUMA GROUP

As we see from the preceding vignette, the leader's use of countertransference is essential, but the leader's capacity to move from affective immersion to eventual formulation and integration is neither linear nor predictable. At times, the ongoing process falters.

Given internal and external events in the lives of leader and group members, the intersubjective mix often reawakens or imposes feelings and traumatic experiences that have not been symbolically encoded and cannot yet be verbally communicated. They may represent the necessary survival of a defenseless child or a terrifying event that was encoded under traumatic conditions. What cannot be formulated becomes enacted. Manifested in disowned projections, acting out, collusive thinking, or strong affect on the part of the leader, members, or group-as-a-whole, the enactment replaces process. It becomes obstacle. If recognized and processed, it becomes opportunity.

A Case Study: The Enactment of Shared Trauma

As we approached the third anniversary of 9/11 and the planned date for the bereavement groups to stop, a cohort of about eight women from the groups with which I had worked expressed an interest in continuing. They felt bombarded by the media, exposed and marginalized as "9/11 widows," and misunderstood by family and friends, who expected them to be finished grieving. A plan was made to continue on a bimonthly basis.

In many ways, although these strong women were doing their best to function, they still carried traces of what Stolorow (2007) described as evidence of the unbearable pain of trauma. They often felt estranged from and outside the world of normal living. They lived without the absolutisms that life is predictable and safe, and they were still reactive to triggers that could bring them back to the traumatic event.

From the earliest days after 9/11, these women had turned to me with the worry and overload of being women who had not only lost their partners but were also left alone to deal with their children. Their own recovery was often set back by the children's redefined loss across developmental stages and their concern for the children in a dangerous and unpredictable world. As one member shared when her daughter went off to college, "If my husband could die by a plane

crashing into his office on the ninetieth floor, anything can happen to my daughter.”

It was only four months into the new group process when the unthinkable happened, their worst fear: One of the children was severely injured in a near-fatal car accident. It was not one of their children, though; it was my college-aged son.

Intrapsychically, interpersonally, and intersubjectively, this external trauma became shared trauma that overloaded the process for me and for the group. For the members, the unthinkable had happened *again*. For me, the unthinkable had *just occurred*. For both, the safety of the children, the group, and the role of the group leader was no longer a given.

When the group resumed 40 days after the accident, with my son still in the midst of recovery, it was clear that the accident had disrupted the process. They voiced worry for me. I voiced my concern about the impact of the accident on them. It was as difficult for them to own the retraumatization they felt as it was for me to own what I was feeling. As such, we enacted what could not be formulated, what we could not tolerate or let into the group.

Although Boulanger (2007) suggested that shared trauma between leader and group can facilitate emotional clarity, we know that it also invites overidentification and avoidance (Ziegler & McEvoy, 2000). In the aftermath of the accident, my empathic attunement to what group members described was often visceral. I was living with the residue of traumatic assault, of the images of the police at the door, of my child so injured, of the world no longer being predictable.

In that time, overly eager to be the validating leader, or perhaps needing to share what I was carrying with others who would understand, I would often unwittingly blur the lines and fall into what Schneider (2005, p. 45) termed *identificatory countertransference*, with comments such as “it is so painful for us when the kids are struggling” or “we are all still thrown by a phone call in the middle of the night.” Although I would often realize my slip after catching a glance from one or a nod from another, it was telling when one member, perhaps speaking for all, reminded me, “It’s different for you—you still have a husband.” Clearly they were right. It was not the same. They were angry. They didn’t need another group member—they needed a leader who could address their needs.

Unable to verbalize this, they responded to my overidentification by handing me the children. Bypassing their own needs and the group process, they filled the sessions with the children’s problems. In turn, rather than processing what was going on in the here and now of the group, I entered into the enactment. Buying into the blame of not keeping the group, their children, and my own child safe, I defended against my guilt and helplessness by working to rescue everyone with referrals, guidance, and information. I was out of touch with their feelings. Instead of “being with them,” I was “doing for them.”

PROCESSING THE ENACTMENT

Hirsch (1996) told us that an enactment is spontaneous, authentic, and never premeditated. Therefore, awareness can only happen postenactment. It was not until I felt the desperation in the group's angry judgment of each other regarding the children that I recognized my own desperate sense of powerlessness and their anger toward me for failing to own it:

We found the process in a poignant session in which one of the mothers, who reported putting her life on hold to get her daughter healthy enough to return to college, was relentless in her anger and blame toward the girl for dropping out of school, for doing drugs, and for refusing therapy. As the session unfolded, she projected enough helplessness onto the other members for them to angrily insist, much to her horror, that she "throw her out!"

As she became defensive, I suggested that maybe the feelings of the group were not about throwing out the children but about the frustration of being so powerless to help them recover. The mother shot back with the question, "What do you think I should do? I can't just stand by while she does nothing." I told her, "I don't know. I don't know how to make her recover more quickly, just as I don't know how to make my son recover more quickly." They were silent. Someone said, "I don't understand."

Trying to make sense of the shared and enacted feeling, I disclosed that I had come to realize that I had been fighting the feeling of being powerless in the face of my son's accident and had put myself and even the group on hold, trying to get him back. Another member said, "You have been here for us."

I said that I was there but had stopped being a leader who was helping them use the group for their needs. "Since my son's accident, I think I have frozen us in fear for the children." Inviting them to look at what was just happening in the group, I suggested that the need for the children to be OK had stopped us from moving and left us helpless and angry. I suggested that they were probably angry with me. After a silence, one mother said, "You say go on, I think I'm angry because I don't think I can. I want my old life back." The tone was one of sadness. The expressions on the faces of the group members reflected it. I felt it for all of us. They found the words. We found the process again.

CONCLUSION

In the words of Judith Herman (1997), "the solidarity of a group provides the strongest protection against terror and despair, and the strongest antidote to traumatic experience" (p. 214). A crucial aspect of this potential of the trauma group is the leader's use of his or her countertransference. As described, this use of countertransference is a complicated journey from affective immersion to formulation and, ultimately,

integration. As such, across the trauma time spectrum from acute phase to long-term groups, this is a journey that demands containment of trauma in its images and impact. It is one that can stir up historical trauma in the leader and members and be confounded by internal and external events like sudden trauma in the leader's life. Given the neurophysiology of traumatic events, it is a journey in which the source of pain, though acted out by leader and group, is often out of reach. Having been encoded without cognitive formulation or integration, it is enacted before it can be understood. It is enacted so that it can be understood. This is the complicated journey of the trauma group leader.

EPILOGUE

Shortly after the eleventh anniversary of 9/11, many of the members of the group gathered in my office. The group now met only once or twice a year and always on the anniversary events. At this meeting, some members who had relocated came as a surprise to all. I mostly listened. The feeling was of a group entity that existed beyond time and place. It seemed they carried each other while moving forward in a world they recognized as unpredictable, not always safe, but worth enjoying. The children had also moved on—in ways we had never expected.

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