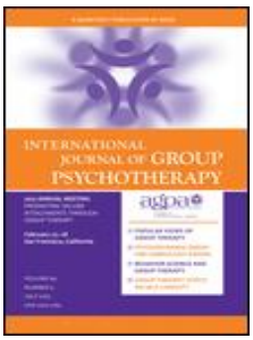

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Systems-Centered® Group Psychotherapy: Putting Theory into Practice

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ABSTRACT

Systems-centered therapy (SCT) is derived from a theory of living human systems and practiced in individual and group therapy. Excerpts from an inpatient group illustrate how SCT norms, particularly functional subgrouping and the hierarchy of defense modification, are introduced within the first few minutes of an SCT group. The importance of modifying roles is also discussed, as is the significance of system hierarchy, isomorphy, and energy as applied in the practice of SCT.

This paper describes what systems-centered therapy (SCT) looks like when applied to a one-session meeting of a group of inpatients at Friends Hospital in Philadelphia. SCT had been developed previously with the cooperation of trainees in training groups. However, this was the first time that SCT had been used with patients in a psychotherapy group. Thus, this videotaped meeting represented, for SCT, an informal research into what impact the basic methods of SCT would have on the group, and whether the SCT technique of functional subgrouping would introduce any noticeable differences from the existing interpersonal orientation practiced in the hospital. The question underlying the

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SCT experiment with the hospital group was whether the patients themselves, many of whom had attended other groups in the hospital, would experience a difference in systems-centered therapy. To this end, feedback was collected from the patients after the group had ended and is reported later.

INTRODUCING SYSTEMS-CENTERED DIFFERENCES

The major systems-centered difference introduced into the hospital group was the method called functional subgrouping, designed to lay the foundation for patients to build on each other's work rather than simply reacting to each other, talking in monologues, or pressuring a volunteering member to take on the role of identified patient or scapegoat. Another difference was the active intervention of the therapist at the very beginning of the group designed to set the norms that characterize the SCT group. After functional subgrouping was introduced, the defenses inherent in the beginning fight-flight phase of groups were addressed based on our conceptualization of the hierarchy of defense modification.

Driving and Restraining Forces

Two properties of SCT systems are that they are goal-oriented and self-correcting. It is the balance between the driving and restraining forces in relation to the system goals that keep the system stable. SCT is indebted to Kurt Lewin who formulated the force field of equal and opposite forces that maintain the quasi-stationary equilibrium of a system.(Agazarian, 1988). Systems develop by their ability to change. Thus, stability and change are two opposing vectors. In SCT, system self-correction toward the goals of change is made by reducing the restraining forces so that the goal-oriented driving forces are released.[1] Restraining forces are modified in a specific sequence (called the SCT hierarchy of defense modification) so that only the drive appropriate to the phase of system development is released, thus increasing the probability

1. A great debt is owed to Lewin's construct of the force field (Lewin, 1951), which permeates both the practice and conception of the practice of SCT.

that change will be integrated (Agazarian & Gantt, 2003). As the hospital group was in its first phase of development, the specific restraining forces of initial anxiety, difficulty in discriminating between thoughts and feelings, and the tendency to take flight from the here-and-now were all addressed in the beginning work of the group (Agazarian, 1997).

The Fork-in-the-Road between Explaining and Exploring

Another important and unique aspect of SCT is clarifying the difference between explaining and exploring. Explaining is a thinking activity. Exploring is a sensory activity, requiring members to discover their experience rather than explain it. Thinking *about* oneself tends to objectify oneself, as when members say, "*it* feels" rather than "*I* feel." The word "I" leads more easily to the sensory-feeling experience of oneself. One way of learning how to take the fork to the "I" and away from the "it" in SCT is to ask, "How do you feel for yourself that you are experiencing difficult feelings? This question draws attention to the personal experience of uncomfortable feelings, particularly important when the feelings are being judged unacceptable. When "feeling *for* oneself" is not accessible (as it is often not!), it helps to ask the question, "If I was experiencing that, how would you feel for me? Experiencing empathy for another can open the way to feeling empathy for the self." The focus on connecting individuals to their feelings *for* themselves makes it more likely that insight will be connected to emotional intelligence, and not just intellectualized.

Conceptual Differences

In traditional group psychotherapy, it is the person, and sometimes also the group-as-a-whole, that is the focus of the therapist's attention. In systems-centered therapy, the focus on people is augmented by a focus on systems (Agazarian, 2006). Systems-centered therapy conceptualizes the group as three systems: the individual system, the member system, and the group-as-a-whole system, plus a transitory fourth subsystem that comes into being as people come together in subgroups.

Conceptualizing Systems in Threes

Because systems exist in a hierarchy, it is not possible to think about any one system without thinking about its context, otherwise systems would exist in a vacuum. In a systems hierarchy, each system exists in the context of the system above it and is the context of the system below it, analogous to a set of nesting Russian dolls.

The three systems relevant to group psychotherapy are the individual system, the member system, and the group system. There is also a fourth system that comes into being as transitory subgroup systems. Outputs from the individual system cross the boundaries into the member system, and outputs from the member system cross the boundaries into the group or into the subgroup systems. Each system plays a role in the context of the system above it and has a role for the system below it. It is the individual that develops into a member and members that develop a group—and conversely, it is changes in the group system that influence changes in members and changes in members that influence changes in individuals.

Although often unaware, people take on different roles as they cross from one system to another. Each system requires different roles, because each system has different goals. In SCT, the functional goal of the individual system is to develop the self. The functional goal of the member system is to develop the group through functional subgrouping. The goal of functional subgrouping is to discriminate and integrate differences. The goal of the group system is to develop norms that support group development and establish a therapeutic and supportive climate.

Systems-Centered vs. Self-Centered

The hoped-for outcome of systems-centered work is an increase in awareness of different levels of experience that can occur as the roles change from person to member. SCT members can come to recognize that their personal roles belong in a personal context, different from the functional roles that they take up as group members in the group context, and different again from the context of the group-as-a-whole, which is its own context. Members

become aware that as the context changes, so do the goals of the context, and so does the requirement to change roles. The goal of the person is self-development. The goal of the member is group development. The process of becoming aware of this is called "contextualizing" in SCT. Contextualizing encourages people to recognize that for every event there are an infinite number of interpretations. This leads to a recognition that personal opinions are information about the person, not necessarily about the event that the person has an opinion about. SCT notes that a significant source of the human anguish that often brings people into therapy arises from taking human frustrations and disappointments "just personally." In other words, in a self-centered context, the person system has boundaries that are not permeable to the outside world, thus there is no option but to take everything "just personally."

The Difference Introduced by Isomorphy

One of the most important differences in seeing a group through systems eyes is the concept of isomorphy. Isomorphy defines how all systems are both different and alike: alike in structure and function (von Bertalanffy, 1969), different in different contexts. In the set of nesting Russian dolls, for example, each doll has a similar structure: they look alike. Each has a similar function: to nest. And, according to where they are in the hierarchy, each exists in a different context. So although size is an apparent difference, the structure and the function for each doll are similar. Applying the concept of isomorphy to group therapy, whatever one learns about any one system will apply to every other system. Methods that work at one level of system will work for all levels and all systems. And perhaps, most important, group and individual dynamics can be talked about using the same concepts and the same language, thus obviating the necessity to use psychodynamic language for individuals and a group dynamic language for groups. By developing a coherent systems language to define structure and function in groups, it becomes possible to recognize similarities in what have heretofore appeared to be different orientations in group psychotherapy (Agazarian, 1997).

SYSTEMS-CENTERED NORMS

Group norms emerge from the interactions of people. The norms that emerge then influence what people can and cannot do in a group. From a systems perspective, norms define how systems structure or channel energy, or exchange information. It is thus that systems-centered therapy came to focus on first building the group so that the SCT norms are established as a driving force toward system development.

The early interventions in SCT groups are designed to counter the tendency of all beginning groups to develop norms that, once established, are difficult to change. This is a different approach from the styles of therapy where one "follows the group" and attempts to modify norms only after they have already been set. Actively structuring norms, rather than allowing them to emerge spontaneously, is a challenge to those new to the practice of systems-centered therapy. Most group therapists are more familiar with allowing the group to develop in its own time and in its own way rather than establishing a structure as soon as the group begins. Thus, acquiring methods of active intervention is often difficult for those who are more accustomed to active listening and empathic interpretation. SCT assumes that there is no systems-centered group until functional subgrouping is established. Functional subgrouping is therefore established first to provide the support for defense modification. Below, defense modification is described, followed by an introduction to functional subgrouping.

DEFENSE MODIFICATION IN THE PHASES OF SYSTEM DEVELOPMENT

The hierarchy of defense modification identifies the sequence of defenses that SCT assumes are inherent in each phase of system development (Agazarian & Gantt, 2003; Bennis & Shepard, 1956). These defenses serve as restraining forces which, when reduced, release the inherent drive to system development and transformation. For example, anxiety is aroused in the first phase of flight. When members do not know what is going to happen next, they easily become anxious, a not unexpected human response to the ambiguity of the unknown. From a psychodynamic perspective, anxiety is

likely to elicit the defenses that each person has developed in order to manage anxiety. Thus, anxiety is not necessarily considered a restraining force as defenses are then available for analysis.

In contrast, SCT assumes that this initial anxiety is a restraining force in that when people get anxious they can be expected to inhibit their communications, both in relationship to their inner dialogues and in relationship to *how* they say *what* they say in the group. SCT sees this as a restraining force to both personal and group development. SCT surmises that it is unaddressed anxiety in a beginning group that so easily leads to the development of the dependent role of identified patient. Using this rationale, SCT addresses anxiety by introducing specific methods for reducing it as soon as it emerges in a group.

THE METHOD OF FUNCTIONAL SUBGROUPING

Managing differences between people is one of the great challenges of civilization. The method of functional subgrouping was developed for systems-centered groups to test the hypothesis that it is through the discrimination and integration of differences that living human systems survive, develop, and transform (Agazarian, 1997). Discrimination includes both recognizing similarities in the apparently different and differences in the apparently similar. In a homogenous subgroup climate, differences between members in the subgroup are not difficult to integrate.

The method of functional subgrouping is relatively simple to introduce into a group. By requiring members to say "anyone else?" when they finish speaking, and requiring the responding member to join the heart of the first member's message with resonance and attunement, people come together naturally on similarities, rather than separating around differences, thus shifting from "I and you" to "we." This not only allows people to explore, in greater depth, the small differences in the apparently similar, it also builds a supportive climate. One consequence of doing therapeutic work in subgroups is that it becomes more likely that members will explore their symptoms as common human difficulties, rather than framing them as pathology.

When functional subgrouping is first initiated in the group, the subgroup with the most available energy goes first (the group

decides!). Thus, as many subgroups are formed as are necessary to contain the differences in the group. Functional subgroups work sequentially. Non-working subgroups stay in eye contact with each other, supporting a non-verbal continuance of their work. As each subgroup uses the same method of building on its members' communications, the group climate develops as one of support and low threat.

SCT leaders explicitly train their members to subgroup. Probably all leaders implicitly train their members to fill the functional roles that will serve as driving forces toward the goals of the group. However, driving forces in one group may be a restraining force in another. For example, the goal of a psychoanalytic group is to make the unconscious conscious. Roles appropriate to a cognitive behavioral group, in which methods of cognitive analysis move the group along the path to its goal, would be a restraining force in an analytic group where free-association is the driving force. Similarly in an interpersonal group, following the leader in the process of putting pressure on a single member to change would defeat the purpose of a systems-centered group where the major driving force is to explicitly subgroup functionally without the leader, so that information can be discriminated and integrated by the subgroup members themselves.

An important difference in the SCT approach from many other group disciplines is that in SCT the "therapeutic climate" for which group leaders often take responsibility is delegated to its members. This is a good example of how structure and function are allocated separately in an SCT group. SCT therapists are responsible for system structure; in this case, responsible for the group learning and implementing the structural methods of functional subgrouping. It is the members, however, who, by using the structure of functional subgrouping, discover that their symptoms and problems are not just personal, but are also shared common human experience.

The illustration that follows shows how SCT structures the norms of functional subgrouping and defense modification. The illustration is taken from the first few minutes of an inpatient group in 1994, whose members had volunteered to participate in a one-session research project to see if SCT methods would be appropriate with inpatients (Agazarian, 2001). The script contains

examples of reducing the restraining forces of anxiety and establishing functional subgrouping. I had no information about the patients prior to the group. I did not know their diagnoses, whether or not they were on medication, their length of stay in the hospital, or how often their hospitalizations recurred. The patients did not know the therapist or the SCT methods, and some did not know that the session was to be both observed and videotaped. They had all volunteered for the experience.

The goal for convening the group was to see whether SCT methods, like functional subgrouping and defense modification, would have an impact on the group-as-a-whole and, through the group, on its members. It also tested whether or not members of different diagnoses could respond to the SCT methods. The group was videotaped, and the sample below is taken from the transcript, along with commentary.

Excerpt from a One-Session Inpatient Group, Friends Hospital, 1994

THERAPIST: So, as we begin, how is it for you, in here, on stage, with me, and with people watching, in front of the camera? [*This brings attention to the here-and-now: this is a new group, with an unfamiliar therapist, being videotaped and observed. The intervention is designed to establish a boundary between the inside and the outside of the group by making clear that there is a potential distraction outside the boundary that individual members may have reactions to. It also gives the members a common theme to "subgroup" around. This is in contrast to leaving the group in the ambiguity of an initial silence, one of the most common beginnings for groups. The SCT rationale for immediate intervention is that silence is ambiguous, and ambiguity typically arouses anxiety, and, in turn, anxiety is likely to trigger non-functional, defensive roles in members. Defensive roles have less access to the exploratory drive and tend to encourage explanations based on past experience rather than explorations of conflicts in the present. Defensive responses are very likely to build a defensive group.*]

MEMBERS: "Nervous," responds one. "Nervous," echoes another.

THERAPIST: Nervous?

ROSE: Doesn't bother me.

MEMBER: "Exciting," says a fourth.

THERAPIST: So we have two nervous, one exciting. [*This is a functional subgrouping intervention, pointing out similarities and differences between members' responses.*]

BILL: Doesn't bother me.

THERAPIST: So you are in the same boat with Rose. [*Attempting to build functional subgrouping*]

BILL: I was on live TV.

THERAPIST: [*Interrupts Bill in an attempt to continue to elicit functional subgrouping*] So now we have got two nervous, one exciting, two not bothered, anyone else?

SAM: One guinea pig.

THERAPIST: One guinea pig. [*Laughs with Sam—a connected moment. Then, therapist again elicits subgrouping by looking around.*]

AL: Curious.

THERAPIST: Curious? [*Looking around the group*] So we have some in the group who are nervous, and some who are not, and some who are curious. I want to start, if I may, with the nervous subgroup because, very important in this kind of therapy, is knowing where one's anxieties come from. And sometimes they come from one's thoughts and sometimes they come from one's experience.

I have taken the first step in organizing members into functional subgroups by connecting the members who feel similar enough to each other to join, and by suggesting that the "nervous subgroup" work first. In SCT, anxiety is one of the first of the defense modifications. It is assumed to have three sources: anxiety-provoking thoughts, sensations, and the unknown. Discriminating between these three introduces an important distinction: anxiety generated from thoughts and anxiety generated from reality perceptions feel the same even though they are not! As the brain cannot tell the difference, the only alternative is to train the mind to train the brain, and this is what SCT sets out to do. SCT "trains the brain" by introducing specific protocols for undoing the different kinds of anxiety, contrasting the experience generated by anxiety-provoking thoughts with the experience of becoming curious about current reality and asking members which fork in the

road they wish to explore first. It is important to SCT that members learn not to mistake explanations of experience for direct experience.

BILL: I was on live TV. [*Bill is picking up where he left off, and my first attempt to get the nervous subgroup working has failed. Bill is a potential flight leader, leading the group away from exploration of experience in the present into stories of "look-alikes" in the past. For some, it may come as a surprise that I deliberately interrupt him and attempt to re-vector the group back to the subgrouping goals.*]

BILL: . . . in 1982 I was on the *People Are Talking* show with Maury Povitch. I belonged to an organization called "Parents without Partners."

THERAPIST: If I may interrupt you?

BILL: Sure!

THERAPIST: How about right here and now?

BILL: This second?

THERAPIST: Right. How are you right now?

BILL: Relaxed.

THERAPIST: You are relaxed. Are you comfortable?

BILL: Fine. I just wiped out the fact there's . . . I know there's a camera here and I know there's people over there, but I'm oblivious to it.

THERAPIST: Did wiping it out let you be more relaxed?

BILL: Yes. I think it's because I did have the experience. The first time I was on TV I was nervous.

THERAPIST: Mmmm.

BILL: . . . and I had no idea that we were going to have this today, as far as the cameras.

THERAPIST: So, right now?

BILL: . . . I am still relaxed.

THERAPIST: So how are you, being in the group with us? Do you have a feeling about that?

BILL: A feeling about that? I am just wondering how I am going to react when we start interacting with each other. [*Bill expresses what many members feel in the beginning of groups, "that nothing is happening," which is true when the present is not in focus as a reality. From group system perspective, a lot has already happened! Bill is recalling an experience in the past to explain why he is not nervous in the present. This is a good example of how explanations from the past prevent Bill from exploring whatever feeling he has in the present, and leaves him without a sense of his here-and-now experience. One wonders, for example, how he feels that he was not told he would be videotaped in front of an audience.*]

THERAPIST: [*Attempting again to establish functional subgrouping*] I want to start, if I may, with the nervous because very important in this method is knowing where one's anxieties come from. And sometimes they come from one's thoughts, and sometimes they come from one's experience. So for—who—who was—ah, you were nervous.

JUNE: Being here.

THERAPIST: Okay—and who else was nervous? [*Looking for the nervous subgroup!*] Okay, and you [*to Sam*] were nervous and a guinea pig. [*Sam smiles and nods and the group laughs.*] Okay, in terms of being nervous, do you three [*gesturing to them*] know whether you were thinking about something that's scared you?

JUNE: Never being in a group with lights all around me and people behind me listening to what's going on—other than in a small group with people with the same problems.

THERAPIST: [*Reframing June's experience in SCT terms*] Yes, so you are right at the edge of the unknown in a sense.

JUNE: Mmmm.

THERAPIST: You are right in the new experience?

JUNE: Right.

THERAPIST: Okay, do you have any thoughts that make that experience any worse—or is it just that it is new?

JUNE: It is new and I'm curious.

THERAPIST: Okay. All right. Well, what I find is if I go into something new and I am a little anxious, being curious is really helpful.

JUNE: Mmmm.

THERAPIST: So you are in a good place for being here. [*June has in fact intuited what SCT would call the protocol for "anxiety at the edge of the unknown" in which anxious members are encouraged to become curious instead of anxious, thus shifting from anxious reactions to proactive curiosity.*]

THERAPIST: How about you, Sam?

SAM: This stay here is the first time I had any kind of therapy and I am not too familiar even with the therapy I'm in as it is—and I am a little nervous about being here, but I figure, anything that can help . . . it's worth giving it a try.

THERAPIST: So you are also on the edge of the unknown . . .

SAM: Yeah!

THERAPIST: . . . and curious—and you are sort of hoping it's going to be good!

SAM: Yeah.

THERAPIST: Okay—so you've got two realities and one wish.

SAM: You've got it. [*Here, I am introducing the foundation for discriminating between the facts of reality and the irreality of positive predictions, which, in their own way, are as restraining in relationship to reality-testing as negative predictions!*]

THERAPIST: Okay. [*Turns to Jane*] How about you? Are you thinking anything that is scaring you?

JANE: No, uh, I don't know, haven't given it that much, you know, real thought about it.

THERAPIST: Okay. And is it also for you that it is right on the edge of the unknown?

JANE: [*Shrugs and sits with her hands flaccid*] Yeah, I guess. [*And suddenly, with quite a bit of energy in her hands*] Of course. [*Jane has shifted from uninvolved explaining to claiming her experience. As she makes the shift, her body language shifts from lethargic, with flaccid hands, to hand gestures which denote an awakened energy flow. In SCT methods, it is important not to put pressure on an individual member if there seems to be a disconnect between their words and their physical*

expression.[2] *Thus, in systems terms, Jane crossed from a defensive, individual system role to her member system, with potential energy which could enable her to join a subgroup.*]

THERAPIST: So you have just shifted from guess to certainty?

JANE: [*Nods*]

THERAPIST: So we have three people who are a little bit anxious about not quite knowing what's going to happen next. Has anybody else joined these three? Anyone else joined since we've been working?

AL: Yeah, the more I have been sitting here the more I have become curious and also nervous, instead of just curious. More might be going on, but I am still curious about it.

THERAPIST: Yes?

AL: I'm still a little nervous about what might be going on, but I am still curious about it.

THERAPIST: Yes, and do you have any thoughts that are scaring you?

AL: Not about this situation, no. [*Notice that I do not pick up on the implication that he may have other thoughts present that do scare him. To do so would take the group in a different direction from establishing subgrouping. In an ongoing group, I would have kept the implications of his message for later, when subgrouping had developed as a container for the more difficult defenses. One of the difficulties I find in time-limited groups is the work that is potentially very important for the individual must wait until the phase of development supports the work and subgroups have developed the necessary ability to contain it, and group development takes time. SCT discourages premature exploration of experience that is not supported by sufficient subgrouping ability and the stimulus of the phase of development. An SCT value is that no one works alone.*]

THERAPIST: Okay, so as long as you keep your attention in here you've got lots of company, about being a little anxious [*Al nods and says "right"*], not knowing what's going to happen [*Al: right*],

2. Davanloo (1987) suggests that this is an essential shift from an autonomous nervous system activation, where new work cannot be integrated, to the central nervous system, where it can.

and also curious [*Al: right*]. It's a great way to start as we are open to whatever happens then . . . [*Engaging Al was an important step in group development. Still later in the group (not included in this excerpt), Al claimed he always sat on the fence, with reality on one side and his own pre-occupations on the other. I suggested that being on the fence was a good place to be, as he could explore first one side and then the other (the SCT fork-in-the-road). Later in the group, when he appeared detached from the group, members would remind him "not to fall off the fence," a good example of how subgrouping encourages members to reinforce therapy for each other. It was also in subgrouping with Al that Bill shared his own feelings of isolation and grief.*]

THERAPIST: How about you three? [*I am checking for the other subgroup.*]

JOSH: Physically I am a little tense, or becoming tense. I am not sure why, exactly. [*Josh has spontaneously introduced "tension," which in the hierarchy of defense modification is the next defense. The SCT rationale for this expected sequence is that when cognitive anxiety is lowered, somatic experience surfaces—and the defense against somatic experience is tension.*]

THERAPIST: One of the ways we think about tension is that we sort of clamp down on our body and stop ourselves from having feelings. Now, that is not necessarily what is happening, but is it possible that the tension you feel is stopping you from feeling something?

At this point, the group has developed a working climate, and members are joining more spontaneously. In the following twenty minutes, the group members are encouraged to talk to each other, to look around at each other, and to stay in eye contact. Encouraging each member to make roving eye contact with the group is an important SCT technique that lays down the foundation for making connections with other members non-verbally. It is a process that appears to facilitate attunement and to increase the energy flow into the group. I was, however, nervous about introducing it as I had been warned that hospitalized patients avoid eye contact! To my relief, eye contact turned out to be a driving force in this group. For example, after making eye contact, Bill (previously the flight leader!) begins to talk about being able to cry alone but never with others or in therapy (an authentic self-revelation).

Using the concepts of hierarchy and isomorphy, the SCT hypothesis is that as other members of the anxious subgroup in the group worked authentically to undo anxiety they laid the foundation for a new norm of undoing anxiety whenever it occurs in the group.

This now ends the sequence of interactions that are discussed from the videotape.[3] It illustrates the group response to the methods of functional subgrouping, and follows the sequence of reducing restraining forces to group and individual development outlined in the SCT hierarchy of defense modification. In this group, the focus was mostly on undoing anxiety and becoming aware that the present experience is different from experience imported from the past, or experience generated by thoughts about the future.

Feedback from Group Members

When the group was over, anonymous feedback was collected from eight of the nine members over the next two days, which provided feedback as to whether the patients had experienced the SCT approach as different from the experiences they have had in their other hospital group therapies. Their responses are below.

> I viewed this as a therapist creating a breath of fresh air. I felt that the experience was opening me up. It was refreshing.
>
> This group was more direct. The focus was on what we were trying to accomplish. It was a now meeting. What is happening now. Her types of meetings wouldn't have wasted as much time as lots of other groups I have been in.
>
> Thought it was wonderful. Got lots of positives about self . . . Took a look at myself. Way she went about trying to open people made me feel good. I got insight on things like why I am here.
>
> The knowledge that living in present is best way to live. If spend all time in past miss the present.
>
> It was condensed. Got nothing personally, but been in group before. Trying to learn lesson about staying in present.

3. The full script is presented in Agazarian, 2001.

If all therapists could work this way, it would save time. The therapist was tough; she interrupted me three times.

What she was trying to do was hard for me to actually do. I can think it is plausible to do if done with high frequency, three times a week would be useful. With out-patients once a week it would be dramatically harder. It took me the whole hour to get the directions she was trying to point me to: Just the whole idea of focusing on current feeling rather than thinking about them or the past or the future. If can do that several times in row would be useful. Don't have opinion about whether it is valuable. It was hard to do for me.

The other groups I've been in, if she were the facilitator, we wouldn't have gone on for eighteen or twenty weeks, we would have been done in two or three because like she said, you have explanations go too long, it's the exploring that does the good, and the group would have struggled on forever and ever with all the explanations, so had she been my facilitator I wouldn't have spent so much money in counseling. Thank you.

Meeting the Goals of the Group

All in all, the patients' endorsements of the SCT process were very reassuring, as they had their finger on many of the important goals of SCT: to explore instead of explain experience away; to recognize the difference between the past, present, and future; and the choice of where to put one's attention and the difference it makes when one chooses to stay in the present. These are all modifications of restraining forces that SCT addresses in the flight phase of system development (Agazarian, 1997). The patients also began to subgroup functionally.

THE HIERARACH OF DEFENSE MODIFICATION

What is not represented in this excerpt is the fundamentally important SCT work of systematically bringing defenses to the attention of the group in the phase of development that induces them. In the hierarchy of defense modification, restraining forces are reduced in a manageable sequence, each modification building on the work that came before it, and building toward the work

that comes next. For example, in SCT groups, it is expected that tension will emerge after the modification of anxiety (as it did when Josh says, "Physically I am a little tense, or becoming tense. I am not sure why exactly."). In an ongoing group, SCT would expect that after tension is reduced, the experience of frustration will come to awareness. It is also expected that as the subgroups explore frustration, members will discover irritation and the retaliatory impulse at the things in their external or internal environment that are frustrating them. When the retaliatory impulse is explored in subgroups, it is likely that two different subgroups will emerge. Members of one subgroup are likely to become aware that they turn the retaliatory impulse back on the self, eliciting passivity, dependency, and depression. The members of the other subgroup are likely to recognize how they act out the retaliatory impulse in bullying, hostility, sadism, and hatred (Agazarian, 1994, 1999; Agazarian & Gantt, 2003). This is fulcrum work in the group, and SCT deems it necessary work before the next steps in group development are taken. It is particularly important in SCT that this work, and its relationship to roles and role locks, is done before the group moves into the phase of intimacy. SCT notes that successful exploration of the separation-individuation roles in the intimacy phase depends upon successful exploration of the roles of sadism and masochism in the phase of role locks.

Undoing Role Locks

Roles play an important function in SCT. They are the conduits through which energy/information is transferred across the boundaries between and among systems in the hierarchy. It is particularly important, in SCT, that roles remain focused on the goals of the context. One restraining force that inhibits the transfer of energy (i.e., information) from one system to another is when roles repeat in the present roles that relate to the past. Repeating old roles is seductive; they easily induce others to respond with reciprocal roles, and when this happens, there is a role-lock system in which neither party is related to the present, and both are engaged in a repetition compulsion.

In the phase of undoing role locks, SCT has developed protocols that reduce the potential for regressing into the old role by

maintaining one's adult understanding of one's past child. The first step in the protocol is to give the role a name. The second is to recognize the context: what does the world look like from inside the role, and how does one react to this world from inside the role? (It is at this point that previous work in discriminating between projection and perception comes into play.) This in turn leads to recognizing that non-functional role behaviors induce reciprocal non-functional role behaviors from others, which then set up role locks.

More on Undoing Roles

The phase of intimacy introduces the work necessary to continue the process of separation-individuation. Functional subgrouping, with its requirement to join, separate, individuate, and then be joined, is the method by which separation-individuation is promoted from the beginning of every SCT group. Joining requires experiencing the similarities between self and other; separation requires experiencing the differences. The ongoing group experience of integrating the two develops greater degrees of separation-individuation.

Subgrouping styles reflect these underlying issues. Members who have difficulty separating overestimate similarities and tend to join every subgroup that comes along in blind trust. Members who have difficulty separating and individuating mistrust similarities and overestimate differences. They have difficulty joining because no subgroup seems quite right. SCT assumes that acquiring the ability to subgroup functionally addresses both these developmental issues.

There are SCT protocols for modifying each specific restraining force in each phase of system development. The protocol for undoing role locks in intimacy is one of the more complex, and it entails a deliberate split between adult experience and child recall. This requires telling the difference between the adult "story" that has explained the history of one's childhood (often an oft-told tale!) from the ongoing narrative which changes each time one looks back from a present perspective. This is well discussed by Siegel in his writing about a coherent narrative (Siegel & Hartzell, 2003).

SCT assumes that all roles were originally developed in order to solve a real-life problem in a role lock system and that the role compromise enables a closeness which would not otherwise have occurred. If a significant other wanted peace and quiet in order to relate, the solution to having the relationship was to be quiet. If, on the other hand, a significant other wanted a feisty response to relate to, feistiness would become the appropriate role.

Roles develop in the context of a system that reflects both members in it. Recognizing this reality reduces the resentment that is commonly experienced in early role compromises. Recognizing that the compromise allowed a closer relationship both for the self and for the significant other allows an acceptance of early relationship realities. This enables members to then explore present repetitive roles and role locks without experiencing them as a personal fault or guilty failure. As it always takes two to make a relationship, there is always a compromise—thus, it is never possible to have exactly the relationship one wants, but only the relationship one can make.

When addressing past role locks that are repeated in the present, SCT requires members to "turn on their researcher" and to access information in a new way. Members are asked to separate their experience as an adult from their experience as a child. Each member is then asked to find a way, as the adult, of keeping the child secure enough to tell the adult about the experience of developing the role. The child is asked to find a way of telling the adult how to contain him or her. Some ask for the lap, others to be held close to the adult's side, and some need to be kept close in a reassuring hug. When the supportive system is established, the adult asks the child to tell how they first learned the role, and with whom. The next step is then to frame the role lock as a compromise solution to being able to get closer to the significant other, with the goal of having mutual pleasure in one another. The child is asked to remember the pleasure. There is often much resistance to remembering the pleasure, as it challenges the good-bad split that underlies the resentments from childhood. When pleasure is remembered, the good-bad split is undone and memories change.

The next step is to draw attention to the system. The child is asked what they know about why their parent needed them to develop the role of, for example, being good and unobtrusive and

quiet, or becoming the parent of the parent, or being a boisterous but lovable rebel, and so forth. This leads to recognizing a context that includes not only the self and the other, but also the different systems that influence a family. The question draws attention to what it was in the parent's childhood that led them to develop the reciprocal role of being afraid of noise, or needing parenting, or wanting someone to act out for them. And later still, there comes the recognition of the network of compromising roles that all members of the family played that kept the family system stable. It is the work of recognizing the many different perspectives that characterize a single past (and present) event that enables members to understand that experience changes as the context changes.

Hierarchy and Isomorphy

Isomorphy and hierarchy are two theoretical systems constructs that introduce a significant difference in the way one can think about group psychotherapy. As has been discussed earlier, the SCT hierarchy assumes that each system exists in the context of the system above it and is the context for the system below it. Thus systems always exist in context. One important outcome of seeing how perspectives change as the context changes is that it decreases the tendency to personalize.

Isomorphy states that systems are similar in structure and function. Thus, whatever one learns about the structure or function of any one system will apply to all other systems in the hierarchy: whatever one learns about the dynamics of the individual will also apply to the group, and whatever one learns about the group will also apply to the individual. The principles of isomorphy allow the therapist to have confidence that an intervention at any one system level will apply to all system levels in the existing hierarchy. It is worth noting that the member system is the middle system between the individual and the group—and as such, shares its boundaries with both. Intervening to the middle system is, therefore, more likely to have an impact on the system-as-a-whole. As subgrouping takes place in the middle system, sharing boundaries with both members and the group, it is also probable that interventions to the subgroup will have even greater potency. What

members learn in the subgroup will relate directly to their person, and the norms that subgroups develop relate directly to the group-as-a-whole. This assumption orients systems-centered practice.

Energy

SCT defines systems as energy-organizing. An essential difference between SCT and many other therapies is the emphasis on managing energy as a specific and significant variable. SCT, thanks to Shannon (1948), equates energy with information as, "Matter-energy and information always flow together" (summarized in Miller, 1978). Like Siegel (1999), SCT also equates the flow of energy and information across the boundaries of all systems in the hierarchy as part of the human developmental process. Bowlby (1969) equates energy in terms of the exploratory drive and sees attachment and exploratory systems as complementary, thus providing a useful link for SCT between the exploratory drive and the development of roles (secure and insecure attachment styles translate easily into SCT roles). SCT is also most deeply indebted to Lewin. SCT borrowed Lewin's concept of a force field (Lewin, 1951) for understanding the balance between the forces that drive toward therapeutic goals and the restraining forces that inhibit the drive. Reducing restraining forces frees the drive. SCT follows Lewin's maxim that it is easier to reduce a restraining force than it is to increase the drive. SCT identifies sets of restraining forces that are endemic to each particular phase of system development. These are outlined in SCT's hierarchy of defense modification. SCT's method called the "fork-in-the-road" illustrates the major SCT method of focusing the group on choice, leaving the group free to explore either the driving or restraining forces in a conflict first. The major limitation is that the group is not free not to choose.

Communicating Energy and Information across System Boundaries

Functionally, systems open their boundaries to clear information and close to noise. Shannon (Shannon & Weaver, 1964) postulates an inverse relationship between entropic noise in the communication channel and the probability that the information it

contains will get across (just like noise on a cell phone makes it difficult to hear). Shannon defines noise as ambiguity and redundancy in communication. Reducing ambiguities, redundancies, and contradictions in communication makes it more likely that the message will be received!

When methods are developed that reduce ambiguous, redundant, contradictory, and other entropic uses of language in communication in one system, because of isomorphy, these same methods will apply to all systems in the hierarchy, whether the entropic noise is in a person's self-talk, a member's output, or the group-as-a-whole's relationship to its environment (Agazarian, 2001). Parenthetically, these same methods will also generalize to all communication across the boundaries between the system and its environment. For example, work efficiency will increase in work groups and organizations if entropic "noise" in telephone calls, e-mails, or business meetings is reduced. Thus, the principle of isomorphy extends past the small group to the larger group systems, and so on to the systems of organization or nations, and so forth.

CONCLUSION

The script of an inpatient group is used to illustrate how, in the first few minutes of a beginning group, SCT vectors the group towards SCT norms. The two major influences on norm development are the introduction of functional subgrouping and the deliberate modification of the restraining forces inherent in each phase of group development (Agazarian, 1994, 1997, 1999).

The underlying hypothesis is that the discrimination and integration of differences is both a necessary and sufficient condition for the survival, development, and transformation of all living human systems in the hierarchy. Because systems are isomorphic, change methods that apply to one level of the system will apply to all levels of systems. SCT methods that work with a group will also work with the members of the group, and what one learns from one system in the hierarchy will apply to all others in the same hierarchy.

In SCT, modification of roles is central to systems-centered therapy. All roles are a compromise, a solution to enabling

relationships in the present, sometimes functional and sometimes not. Non-functional roles are imported from the past. They have selectively permeable boundaries, open to similarities in the past, closed to differences in the present. In SCT, roles are addressed as subsystems. When role systems have boundaries, permeable to the context, they serve as driving forces in all contexts. When roles have selectively permeable or closed boundaries, they are restraining forces in every context. SCT assumes that a major factor in bringing people into therapy is when normal human frustrations—grief, rage, joy, and love—are experienced out of context and personalized.

SCT places great emphasis on increasing the ability to be aware of changing contexts and the changing roles that contribute to the goals of each context. One of the major goals for introducing SCT contextualizing interventions is to introduce patients to the difference between experiencing the world "just personally," and experiencing the different worlds that appear in the different contexts. Personalizing keeps perception boundaried within a closed system. Contextualizing opens perception to a kaleidoscope of shifting perspectives from person, to member, to joining a subgroup to intuiting the group, a process that leads to increasing emotional intelligence (Gantt & Agazarian, 2004).

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