

SYSTEMS-CENTERED PRACTICE

**Selected Papers on
Group Psychotherapy**

YVONNE M. AGAZARIAN



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Selected Papers on Group Psychotherapy
(1987–2002)

Yvonne M. Agazarian

Foreword by
Malcolm Pines

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*Deep acknowledgment and gratitude
to all the theoreticians upon whom this work is founded,
and to my friends, mentors,
and all the members of training groups
without whom there would be
no theory of living human systems
or its systems-centered practice*



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FOREWORD

Malcolm Pines

My happy and fruitful connection with Yvonne Agazarian began in 1980 at the International Congress of Group Psychotherapy in Copenhagen. Among the many papers, hers was outstanding for its clarity and originality. I then encouraged her and her collaborator, Richard Peters, to expand their work into a book. This was done amazingly quickly. When Yvonne came to London with the draft chapters, she could re-write overnight to improve style and content.

Since then, Yvonne has continued and deepened her search to explore and explain “what happens to people in groups”. In this book, we can follow her search for a language “that applies to individuals, groups, organizations, nations”.

It is fascinating to see the evolution of the convent girl, struggling to explain the most fundamental issues of our lives, the existence of God, the afterlife, war, poverty, injustice, unkindness, knowing what others are feeling, into the psychological scientist. Psychoanalysis, Lewinian theory, group-analytic and Tavistock theory have all been deeply studied for what of value can be extracted and integrated: Yvonne, miner of the deep.

I am glad that we can follow her explorations, leading to the bold conclusions: the present is the only area in which problems are solved; human energy can shift away from the anguish, the wishes and fears of

the past, present, and future, into present reality. Those of us who have participated in her workshops know how well she plans and carries out these aims.

New innovations attract adherents who share the excitement of discovery, who practice amongst themselves these new ways of understanding the life we live in groups. Yvonne's work has significantly changed our understandings of sociality, and her contributions are receiving their well-merited recognition. I am glad for this book.

December 2005

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Author's note

For reasons of confidentiality, the names of all patients and members of groups have been changed. The genders of all unspecified persons have been left as in the original papers; the author feels that the masculine pronoun is generic for all human beings.

Introduction

Developing a theory of living human systems

The chapters in this book are selected to represent some of the steps along the way to developing my theory of living human systems, which, when put into practice, has introduced into the field some different ways of influencing human dynamics. I claim the theory as a metatheory, which adds a different but complementary view to the theories that guide the practices in psychology and sociology (Agazarian, 1997).

The book covers various stages in my attempts to solve the problem represented by the fact that, though group dynamics are different from the dynamics of individuals, yet group is often defined as the sum of individual dynamics. Even the descriptive language dichotomizes groups and individuals, defining groups in terms of group dynamics and individuals in terms of psychodynamics.

The first chapter (1987) offers my first attempt at a solution, which was to suggest “role” as an intervening variable between individuals and groups. The last chapter (2002) summarizes the practice of systems-centered therapy, which provides a systems language that applies to individuals, groups, organizations, nations, and so on.

I began theorizing at school in the convent, when I desperately tried to understand where evil came from if God was all good. I came up

with several explanations, only to be told that I had re-invented several heresies. My theorizing went underground. I would lie in bed through long sleepless nights, trying to explain things: not only God, but death, the afterlife, the war, the poor, injustice, the sense of knowing what others were feeling, the unkindness of some nuns. When, as an undergraduate, I discovered philosophy, I felt I had found others who, like me, couldn't leave any explanation well enough alone. Later, studying Freud, I found myself "inventing" his second theory of instincts while I was still reading his first. Always, however, there was a central unease in me that remained unsatisfied. It was not until graduate school, when I was introduced to the scientific method, that I discovered a mental discipline that helped me not only to be clear about theory but also to think about how to put it into practice.

It was also in graduate school that I had my first experience of being mentored. David Jenkins, the head of the department, who had studied with Lewin, became interested in the way I thought and set up a once-a-week tutorial for me in which we studied Lewin and life and in which I learned to be clear about my thinking. To this day, I am filled with gratitude and some awe at how deeply he influenced my life. At that time, I was also training at a psychoanalytic institute, deeply involved in understanding Freud and the Freudian approach to life and treatment. The competing approaches of Freud's theory of instincts and Lewinian Field Theory did not sit well together, but each seemed to address a fundamental question. Freud's "Unconscious" was a better explanation than any I had discovered so far in understanding human behaviour. Lewin, on the other hand, offered a way of formulating explanations into equations so that they could be tested and researched. Out of this dilemma came what was to be my life's work: How to solve the dichotomy between group dynamic and psychodynamic explanations for human behaviour and how to research the answer. This was in 1962. By 1981 I had discovered "roles" as an intervening variable between group and individual dynamics.

The construct of role

Role as a construct solved both theoretical and practical problems. From the individual perspective, roles were an example of the repetition compulsion, in which people were doomed to repeat in the present the unresolved conflicts of the past. In theory, roles could be defined as an encapsulation of dynamics that the individual had failed to integrate. From the group perspective, the same definition could

apply. Group roles could be defined as an encapsulation of dynamics that the group had failed to integrate.

Chapter 1: "Group-as-a-Whole Theory Applied to Scapegoating" (1987). In this chapter, the function of "role" for both the individual and the group is discussed, building on the work I had done of postulating role as an intervening variable between the individual and the group (Agazarian & Peters, 1981).

The scapegoat is an excellent illustration of a member role at the individual level, and of the group-role at the group level. . . .

Dynamically, at the individual level, Billy's member-role behaviour of eliciting scapegoating serves an equilibrating function for his person system. From the group-system perspective it can also be said that scapegoating is serving an equilibrating function for the group-as-a-whole and that Billy G's member-role behaviour is also serving an important group role.

Chapter 2: "Bion, The Tavistock Method and the Group-as-a-Whole" (1987). The central focus of this chapter is the impact of the idea of "roles" on the way one thinks about groups and individuals and also on how one practices. Anne Alonso invited me to be a guest lecturer at Harvard to discuss Irvin D. Yalom's "Three Reactions to a New Member" (an awesome challenge). Anne had consistently supported my work at AGPA, notwithstanding that she herself was a well-known—and well-loved—proponent of psychoanalytic thought. In preparing the talk, I was confronted with how different the implications were of practicing from a group-as-a-whole approach in contrast to Yalom's Interpersonal approach.

In 1981, I had published *The Visible and Invisible Group*, defining "roles" as an intervening variable between group and individual dynamics. Approaching group from the perspective of "roles" introduced a sharp contrast between Yalom's interpersonal interventions (encouraging the group to confront Brian as a "puppy-dog") and the group-as-a-whole intervention that would have been directed at Brian's role for the group-as-a-whole.

. . . when Brian is being "educated" by the group not to be a "puppy-dog" [as he is in Yalom's videotape], an alternative, group-as-a-whole intervention would point out to the group that there is

considerable effort and energy in the group to put the “puppy-dog” in Brian’s chair, and to wonder whether it is a way of making sure that there is no trace of “puppy-dog” in any other chair in the group.

Shifting the emphasis from Brian to the group increases the possibility that the group will come to understand that it has created Brian’s “puppy-dog” role to contain the rejected dependency feelings in the group.

Presenting this paper was also my first experience of how one can inadvertently promote a split in the audience. Most of the audience, Anne, and other presenters were significantly supportive of my introduction of the difference between the group-as-a-whole and the interpersonal approaches—but not all! I alienated Yalom. This, my first presentation, left me with the challenge of how to present new ideas in ways that made the differences more acceptable without obscuring them with too much similarity.

The voice of the group

Hand in hand with my exploration into roles as an intervening variable between individual dynamics and group dynamics was the idea of the “voice of the group”. It was clear to me that people gave voice, not only to their own dynamics, but also to group dynamics. However simple in theory, however, it was not that simple in practice. I discovered that learning to “listen” to the voice of the group was not only revolutionary as far as group dynamics was concerned, but also often heartbreaking. It was not new to me to experience my heart going out to individuals, nor was it new to have my heart go out to the group. What was new was how heartbreaking it was to “hear” the voice of the group crying out and going unheard. This is addressed in chapter 3.

Chapter 3: “The Difficult Patient, the Difficult Group” (1987). This chapter contains my first presentation of what I heard when listening to the group voice. I prepared this paper as a presentation on a panel in which I, and other therapists, analysed a tape of a difficult group. It was in the preparation for this paper that I first clearly heard the voice of the group-as-a-whole, and I also formulated the difference it made to seeing the group from the perspective of the person as a system and the group-as-a-whole as a system. I had not yet, however, understood

that the subgroup was a system that was just as fundamentally important as the other three. I introduce the subgroup in chapter 4.

Chapter 4: "Group-as-a-Whole Systems Theory and Practice" (1989). In this chapter I use the same episode as the one in chapter 3, but in this version I make the connection between the group voice and implicit subgrouping.

The episode that follows illustrates a short extract from the beginning of a group.

The episode starts with a knock on the door. A late patient, Bess, enters, and there is much commotion as everybody makes room and they all squash their chairs together.

Miss Thera: "... fine, come on in ..."

Dr Junior: "... why don't you ... here, take this chair ..."

Miss Thera: "... watch the wire ..." [*the session is videotaped*]

Bess: "... yeah ..."

Alice: "... move the table ..."

Edna: "... the camera will break ..."

Alice, Bess, Clara, Edna, Glenda, Doris [*Laughter*]

Alice: "... it's called togetherness."

[... as they all squash their chairs together]

Clara: "... closeness ..."

Bess: "... that's what we're all looking for ..."

Miss Thera: "... all thinking ..."

Dr Junior: "... ready? ..."

Alice: "... Christmas ..."

Dr Junior: "... we were just talking about the fact that Edna was seeing me individually for treatment of her depression ..."

Considering this episode again, a duet between two different subgroups can be heard.

The "doctor" subgroup voice:

— "Here, sit here."

— "Take this chair."

— "Don't trip over the wire."

- “Move the table.”
- “Come on in.”
- “Ready?”

The “patient” subgroup voice:

- “Come on in.”
- “It’s called togetherness.”
- “Closeness.”
- “That’s what we’re all looking for.”
- “That’s what we’re all thinking.”
- “It’s like Christmas.”

What had been particularly difficult in my presentation of this theme on the original panel was that the supervisor and the two therapists were present on the panel, and all three had their hearts on the welfare of the patients. Once again, introducing a perspective that was significantly different from their training, with such different implications on the consequences of their orientation, seemed theoretically important and in human terms unkind. (This was a clear conflict between what I later would frame as a conflict between my personal system—which I did not want to hurt anyone’s feelings—and my member system—which wanted to do a good job in interpreting the tape.)

These first four chapters have been focused on the differences between individual and group approaches. In fact, in attempting to find a name for my developing theory, I had called it “Group-as-a-Whole Theory”, “Invisible Group Theory”, “Integrational Theory”, and “Maturational Theory”. In chapters 5 and 6 I focus on the differences between my own group-as-a-whole approach and the group-as-a-whole traditions that had emerged from the work of Bion and the Tavistock.

Chapter 5: “The Invisible Group: An Integrational Theory of Group-as-a-Whole” (1989). In this chapter, I compare and contrast my continually developing theory with Foulkes’s theory for group analysis. Again I am indebted to the support of already established figures in the field. Malcolm Pines not only introduced me to my first publisher, but also introduced me as a theoretician important to group analysis when he invited me to be the Foulkes Memorial lecturer. Foulkes’s theory had

the same roots as Bion's. I, on the other hand, came to group less from a psychoanalytic background and more from my training in group dynamics. The greatest difference was that Foulkes did not conceptualize group in the context of phases of development, whereas I did. This chapter, perhaps more than any other, argues that different theories lead to different outcomes.

The first example I introduce came from leading the last of four demonstration groups at an Eastern Group Psychotherapy conference. I had watched the first three groups, and through my eyes I had traced the group development from compliant cooperation, through depression, into scapegoating. The group arrived on my doorstep, so-to-speak, tired, cranky, and full of gallows humour.

- “. . . Well, at least she spelled out our task very clearly, which none of the others did . . . except X, who told us that we were going to be depressed and thus gave us some structure!”

This was followed by some wry joking about the group-as-a-whole.

- “. . . They left a hole here! . . . and we have to fill it!”
- “. . . How can we fill this hole? . . . How can we make this whole?”
- “. . . Well, at least we have the hole . . . if we have to fill it!”

(This is not so funny if one listens to the voice of the group!)

It was in this group that I put into practice the idea that group survival and development was best served by weakening the defence mechanisms that were restraining the group rather than interpreting dynamics.

Lewin's force field is a potent method for putting defence modification into practice. Lewin had demonstrated that there was a greater potential for change if one weakens the restraining forces rather than attempting to increase the driving forces (the Sisyphus approach!).

This chapter also presents a further step in observing group dynamics through the frame of subgrouping. Following “subgroup” interactions, it becomes apparent that the group begins with an “exhausted” member as a representative of a subgroup. The group understood this when I asked, “Is the group going to leave all the exhaustion in one chair?” This is followed by a counterbalancing subgroup that is not tired and has some energy. As this subgroup used

the metaphor of a marathon, I called them the “marathon” subgroup in my mind.

The group continued to work and succeeded in integrating the two subgroups: the “marathon” subgroup stating that it would not want to work if it was going to further tire other members, and the “exhausted” subgroup claiming not to be too tired for work. My intervention at this point is an example of the combination of a group-as-a-whole and a subgroup orientation:

- “I’m wondering if, for this group, it’s rather as if its run three marathons already [*referring to the three previous groups*] and that right now the group is trying to decide whether it is worth it to summon up the energy to run a fourth, knowing that it’s a short one and knowing that it’s going to end . . . or whether the group has earned the right to sit back, experience its exhaustion, and become aware of what it has already achieved? I sort of sense that the group’s not sure whether it wants to put its energy into another marathon, or whether it wants to sit back and, in its exhaustion, process this experience.”

The second example is from a demonstration group in Japan, in which I tested whether I could lead a group using clues from voice-tone and from nonverbal as well as verbal behaviour. The group spoke no English. I spoke no Japanese. My Japanese co-leader and friend, Dr. Junichi Suzuki, translated my interventions into Japanese. There were some inherent challenges. In the Japanese culture, a woman has a very different status from the man, and the group hierarchy ranged from respected and revered Japanese faculty members (including one “silenced” woman), many young female students, and two young males.

To my relief, the group did mirror familiar “new group” phenomena and needed very little intervention until, after an exchange between a male elder and a young female student, there was a sudden shift in attention away from them to another part of the group.

It was almost as if the group had amputated part of itself in an effort to ignore whatever had just occurred. So I spoke, through Dr Suzuki, and said, “I wish to draw the attention of the group to the last few interactions” (I then retraced the group process for the group). “I wonder if the group work will be helped or hindered if the group agrees to ignore whatever it was that just happened?”

I learned later that at this point the “elders” of the group decided that I did, after all, understand Japanese!

Chapter 6: “Phases of Development and the Systems-Centered Group” (1994). This chapter is one of several in which I discuss phases of development, which are a central focus for my group work since my graduate program which oriented its “T-groups” in relation to Bennis and Shepard’s theory. From early on, I recognized that the phase of development in which the group was working was a potent governor of what could and could not be achieved by the group. In other words, the phase of development was a variable as important as group leadership, group composition, group climate, and other group variables that determined what groups can do and why they can do them.

. . . even though phases of group development have been discussed in the literature since the 1950s, they are still not a commonly accepted reality among group psychotherapists! Yet there is an evident and predictable sequence of phases in group development to be seen if the therapist knows where to look. Seen or unseen, each phase has a different and forceful impact on what happens to a group. When seen and understood, these forces can be deliberately harnessed in the service of the therapeutic goals; when not, the impact of these forces goes unidentified and unaddressed. Hence the stereotypic and repetitive creation of the roles of “identified patient” and “scapegoat” in therapist-oriented and patient-oriented—and even some group-oriented—psychotherapy groups.

This chapter was an important one for me in many ways. It meant a lot that Malcolm Pines and Victor Schermer had invited me to contribute to a book on object relations theory, thus acknowledging both my psychodynamic and my systems understanding. It also gave me an arena to introduce functional subgrouping as an alternative to the common acting-out, like scapegoating.

In systems-centered groups it is the subgroup, not the individual member, that is required to contain different sides of predictable “splits” around difference. When the group-as-a-whole works to “contain” the conflict consciously as a working task, then it is no longer necessary to delegate conflicting differences to a scapegoat, an identified patient, or a deviant pair.

This chapter also gave me the opportunity to introduce the relationship between roles and group-system dynamics—important in that it furthered the argument that conceptualizing group in terms of systems forces rather than people made it possible to influence the development of the group in ways that are not possible from the person perspective.

From the systems-centered perspective, the relationship between developmental forces and the developmental goals is related to systems and is manifested in “roles”, not in “people”. The “people” who occupy these roles are “transients” playing a part in the work of the group. . . .

For example, developmental dynamics around dependency are not interpreted as a property of “dependent” or “counterdependent” *individuals* but, rather, as approach and avoidance forces. These forces are manifested in roles (Agazarian & Peters, 1981).

Chapter 7: “Reframing the Group-as-a-Whole” (1989). In this paper I had the opportunity to discuss the difference between group-as-a-whole models that did, and did not, see groups through the eyes of phases of group development. This was an important step for me, as I questioned whether or not the behaviour of A. K. Rice groups was not, perhaps, a function more of the A. K. Rice structure rather than of underlying psychopathology.

As A. K. Rice conferences had served as an irreplaceable arena for my learning about group dynamics, there was a part of me that felt disloyal as I argued that the A. K. Rice structure created the very problems that it attempted to cure. In spite of the fact that structure certainly influences function, this was an over-simplification.

A major difference between this orientation and that of the more traditional Tavistock small group is that the task is consistently and explicitly kept in focus and related to the explicit sub-goals and to the implicit goal.

In this last quote I reference the work that I did with Harold Bridger at his conference in Minster Lovell. He pointed out the predictable differences that could be expected between groups that did have explicit goals and groups that did not. From Harold’s perspective, as the Tavistock method leaves groups to intuit their own goals, the chaos that ensues is predictable and also unnecessary.

After my work with Harold, I introduced into my theory and practice the importance of clear explicit goals and the necessity of recognizing the relationship between them (the task goals) and the implicit (Basic Assumption goals). (Translating these into driving and restraining forces yielded a useful force field analysis.) As Harold was particularly unpopular among many of the leaders of A. K. Rice at that time, it reinforced my fears that I was putting my head into the lion's mouth. My fears were ungrounded.

Chapter 8: "Koinonia: From Hate, through Dialogue, to Culture in the Large Group" (1992). Another major shift in my thinking about the underlying dynamics in groups came from my work with Pat de Maré, who turned upside-down my Freudian understanding of the superego. In contrast to the work I had done with Davanloo (1987), in which he framed the superego as the root of all serious pathology, de Maré (de Maré, Piper, & Thompson, 1992) re-interpreted the superego as the potential source of creative energy.

Whereas the small group, particularly the psychoanalytic and Foulksian group, evokes family transferences and repetition meanings in terms of the inner lives of the past, the large group requires, through the containment of hate . . . the transformation of energy into the socializing process of impersonal friendship and dialogue. [p. 98]

The primary problem of large groups centres around primal hate . . . [p. 114]

At that time, I knew only too well the chaos of the large-group phenomenon and the hatred that was so easily aroused between members themselves and from members to me as the leader. Pat's work around hatred and the superego was a fundamental challenge that required transforming group hatred from a negative into a positive!

I was not to know then, but by applying the systems-centered approach that I used in small groups to large groups, the large groups also metabolized hatred into creative exploration. And this could occur, not over years, but in four 90-minute groups of 130 members in a weekend workshop!

Another debt I owe to Pat is his reinforcement of my deepening conviction that if one thought pathology and interpreted pathology in groups, that was what one got. De-pathologizing "superego" sadism led me to re-conceptualize retaliatory impulses as normal human reactions, which, when acted out, lead to hostility and sadism; when

turned inward, to masochism and depression; and when explored, to simple aggression—a life force and the source not only of creativity, but of survival, development, and transformation.

Hate, then, is not the adversary of Eros but the inevitable irreversible outcome of the frustration of Eros. [p. 62]

Chapter 9: “A Systems Approach to the Group-as-a-Whole” (1992). In this chapter I spell out, with great confidence, a summary of the theoretical developments that I had reached in 1992. I also present clear discriminations between member, subgroup, and group-as-a-whole interventions and the importance of focusing on subgroups, and I introduce the importance of boundaries.

The appropriate level for the *systems-centered intervention* is not simply whether to intervene at the level of the subgroup, member, or group-as-a-whole, but which boundary to influence. Influencing the permeability of the boundary between, within, or among systems at any level of the hierarchy influences the balance of driving and restraining forces in relation to the goal.

It is also in this chapter that boundaries between the past, present, and future, between real time and psychological time, are introduced:

Boundaries in time define the existence of the group, not only in space/time but also in the realities and unrealities of the psychological time that exists in the past, present, and future—all co-existing without contradiction in the unconscious—a significant determinant of the state of the system existence, experience, and productivity in the present.

All in all, this chapter presents a greater level of confidence than, perhaps, any other that I have published. It implies that understanding this theoretical perspective would make a significant difference to the field of group psychotherapy. The central issue that I was asked to address was that of the difficult patient. I approached this task by defining patients as difficult when they could not subgroup.

A member then becomes “difficult” not because of his role salience, but because he cannot work in a subgroup. Subgrouping requires being able not to be the centre of the group: to understand that work in the group requires joining others’ work and allowing them

to join yours. It requires some understanding of the advantage of not taking things personally, volunteering to serve as a projective screen for each other, and, most important, it means being willing to give up self-defeating roles. It doesn't matter that the member who enters group cannot do any of these things, as long as he can see in them a value for him and something that he will want to learn. Without this willingness, it is inappropriate to place him in a systems-centered group.

It is in this chapter that I faced the fact of limitations of the SCT method. SCT relies on functional subgrouping for establishing a systems-centered group, and the prerequisite for being able to subgroup functionally is the ability not to take things just personally. It is through developing an awareness of oneself in context that makes it possible to subgroup. People who can only personalize cannot subgroup, therefore SCT methods will not work for them.

Chapter 10: "A Systems-Centered Approach to Individual and Group Psychotherapy" (2002). The initial paragraph of this chapter states one of the things that would make David Jenkins, my mentor, most proud.

Systems-centered therapy (SCT) is an innovative approach to individual and group psychotherapy. It is different from most approaches to therapy in that the theory about the dynamics of systems was developed first (a theory of living human systems . . .), and the practice of systems-centered therapy developed from putting the theory into practice.

Theory itself is not the focus of this chapter, although emphasis is placed on the importance of isomorphy in understanding how system dynamics apply to all systems in the hierarchy, thus providing a single way of thinking both about groups and about individuals. And the case is made that the success of individual and group therapy depends more upon the "system" that the therapist and patient develop together than it does on either the individual patient's potential for therapy or the skills of the therapist.

The chapter's emphasis is on the reality that the present is the only arena in which problems are solved. The specific techniques enable human psychic energy to shift into present reality and away from the anguish of the wishes and fears of the present, past, and future, into

present reality. The assumption is made that it is the neurological pathways that establish maladaptive thinking about the past or the future that are difficult, if not impossible, to modify. However, by diverting energy (gently) from the maladaptive patterns into curiosity and exploration of the here-and-now, new neurological pathways can become established that offer an adaptive alternative.

Techniques and methods do not, however, obviate the importance of transference. Transferences fall into four categories: the superficial transferences that are addressed in the first phase of treatment, the negative and positive transferences addressed in the middle phase, and the pervasive transference that entails the deep work in the final phase.

A detailed description, with examples, is given of the hierarchy of defence modification that paces the phases of development. The developmental phases are presented as the context that determines readiness for work and also predicts what kinds of work would be premature.

Some of the constants that characterize SCT are depathologizing; refraining instead of interpreting; leaving the locus of choice in the patient to choose which fork-in-the-road of every conflict to explore first; the emphasis on differentiating between feelings that are generated by thoughts and feelings and those that are generated from direct experience; maintaining eye contact when working; working with empathy and attunement between persons and in the subgroups; identifying and weakening the restraining forces to therapy and thus releasing the inherent drive to health.

CONCLUSION

These chapters span the years when I was still painfully aware that the theory I was developing had by no means consolidated and might at any time fall apart. Developing theory is an all-consuming world unto itself. I might never have been motivated to do more than write about its implications had not the crisis of the short-term goals of managed care aroused panic in those of us who did long-term work. It was then that I set about the task of discovering how to put the theory into a formal discipline of practice, so that when managed-care patients were assigned stop-and-start therapies in short-term segments . . . IF they returned again, they could start again where they had left off . . . IF the different therapists were using the same model . . . IF there was a clear

protocol for the therapists' to follow . . . IF the protocol enabled a series of small changes that persisted over time . . . IF all the small changes added up to a complete therapy . . . IF the therapeutic results mirrored the results that can be achieved long term: a lot of very big IFs.

Many of the chapters in this book describe the methods and techniques that result in the protocol of systems-centered therapy. They seem to work! But they remain simply techniques if they are not practiced from the theoretical orientation of SCT, which means not requiring a patient to practice a technique until one has mastered it by practicing on oneself. Only then can the SCT work be done with the attunement that comes from knowing the same challenges as one's patients.

Behind all methods and techniques is a theory, either implicit or explicit. A theory of living human systems explicitly assumes (a) that the primary goal of all systems is to survive, to develop, and to transform from simpler to more complex; (b) that the single dynamic of discriminating and integrating differences is both a necessary and a sufficient condition for systems to organize energy and move along the path to these goals; (c) that functional subgrouping is the operational methodology for discriminating and integrating the information necessary for the system to move towards its goals; (d) that the path to these goals is located in the phases of system development, which move from simpler to more complex; (e) that the balance of driving and restraining forces that characterizes one phase is significantly different from those that characterize another.

All systems are dependent for their existence on their structure. System structure is defined by boundaries of space/time. In living human systems, psychological space/time boundaries are as determinant as potent as the realities of geographical space and clock-measured time. System boundaries are potentially permeable.

Energy and information are equated. The energy in the system hierarchy crosses boundaries as information. Information is organized within the system through discriminations and integrations. System boundaries are reactive to noise. Reducing the restraining force of noise in communication increases the available information that the system can organize.

Just as functional subgrouping enables system function, so the SCT hierarchy of defence modification, in the context of the phases of system development, enables system structure by increasing the permeability of the boundaries to the energy of all the systems in the hierarchy.



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