

## ‘Drawing the Isolate into the Group Flow’ – Commentary on Article by Louis R. Ormont from a Systems-Centered Therapy Perspective

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Ormont identifies a common group problem in what he calls the ‘isolate’ and discusses his understanding and techniques for enabling such a group member to join the flow of the group. I am pleased to have an opportunity to respond to and build on Ormont’s experience and ideas from a Systems-Centered Therapy (SCT) perspective (Agazarian 1997). We know from previous work that there are many possible responses to any particular group episode (Kennard et al., 1993), and Ormont’s style of presentation with clinical examples provides us with an opportunity to consider other approaches to the situations he describes. Firstly I will outline A Theory of Living Human Systems from which the methods of Systems-Centered Therapy (SCT) are derived. Then I will consider one of the clinical examples given by Ormont to illustrate how an SCT practitioner might think and intervene.

### **A theory of living human systems**

Systems-Centered Therapy is a method derived from A Theory of Living Human Systems (Agazarian, 1997, Agazarian and Gantt, 2000). Stock Whitaker (2000) describes a process of theory building and use in group psychotherapy and how we use theory to inform our practice and our practice to test and build our theory. A theory of course is simply a map we have in our mind that we can use to navigate in the world and to predict, understand extrapolate and form hypotheses. The more we see a pattern or path repeated the more sure we are that it is part of the map, any information we receive is matched against the map that we have for that context. If it fits either what we already know or fill a gap that we had predicted it confirms our map. If it does not fit we have two choices – to revise the map or reject the information. We can reject information by denying its veracity or changing it to fit.

In therapy it is our maps that enable us to decide what intervention might be effective. When we make an intervention there is a response, if this response is in the desired or expected direction, that part of our map is confirmed. If not, either we got it 'wrong' (i.e. the place we assessed the information to be was not accurate), or we got it 'right' and the group/individual was not able to take the information in a way that enabled them to do something different. (Which paradoxically also means we got it 'wrong' or not right enough!) We then either have to refocus on a different place on the map or revise the map by adding something that was not there before.

A Theory of Living Human Systems is such a map (Agazarian, 1997), a theory that exists in the mind. Agazarian defines the theory thus:

A hierarchy of isomorphic systems that are energy-organising, goal directed and self correcting. (1997: 8)

*Hierarchy* defines that every system exists in the context of a larger system and is the context of the systems within it. A good way of imagining this is to consider how Russian dolls nest one inside the other.

All systems in the hierarchy are *isomorphic*, that is, similar in structure and function and different in the different hierarchical contexts of the system. The Russian dolls are similar in structure but are different in size and share the same function, to nest one inside the other. If one changed in its structure the rest would have to change to maintain the same function.

The 'energy' of a living human system is directed towards the goals of survival, development and transformation. *Energy* is information, systems survive, develop and transform by taking in and integrating information. Living systems have permeable boundaries to information that is similar and close their boundaries (defend against) to information that is too different. Systems develop from simple to complex by taking in and integrating information. It was Kurt Lewin (1951) who first described human behaviour as goal directed in the context of the environmental 'field'. A Theory of Living Human Systems understands all behaviours that direct the energy towards the goal as driving forces and those that block or direct energy away from the goal as restraining forces. The restraining forces we know as defences. Because the natural drive in living systems is to survive and

develop, the assumption is that it is more effective to reduce restraining forces to change, than to increase driving forces, which is more likely to increase resistance.

Systems-Centered Therapy is a comprehensive model derived from A Theory of Living Human Systems with techniques that intervene and influence system functioning. The method derived from the theory describes a hierarchy of defences in relation to survival, development and transformation related to the phases of system development, (Agazarian, 1997; Bennis and Shepard, 1956). The phases of development described by Agazarian are; phase one, issues relating to authority, phase two, issues relating to intimacy and closeness/distance and phase three, issues relating to work. This is similar and indeed is built on the work of Bion (1961) and Bennis and Shepard (1956). Typical phenomena and related defences can be observed in each phase with these specific techniques to modify those defences.

### **Systems-Centred Therapy**

Systems-Centered Therapy is the lens through which I will comment on Ormont's paper.

The problem he defines as the 'isolate', is a familiar one in groups and the challenge is 'To get them into the group'. Foulkes (1964) stated that the aim of group analysis is therapy of the individual in the group through the group by the group. This means having a group in which members can 'get therapy' and having members who can participate in a way that 'gets therapy'.

Ormont identifies particular constellations of behaviour that he defines as the 'isolate' and that act as an obstacle to both the group being therapeutic and the 'isolate' getting therapy.

He describes three 'isolate' patterns:

- (1) Denying responsibility
- (2) Giving advice, and
- (3) Distorting.

From a Systems-Centered Therapy perspective, bringing individuals into group membership is also vital both for the individual and for the whole group. Both group analysis and SCT see this as essential to the therapeutic process.

Ormont's main technique for addressing the 'isolate' is to encourage other group members to share their responses to him/her with the aim of enabling the 'isolate' to empathise with others and hence 'join' the group. What this relies on is that group members can take in enough information from the isolate to resonate with what is being indirectly communicated and then communicate this more directly (verbally) so that he/she can experience being known. This then enables the 'isolate' to feel joined and in turn join the group as a member.

As we know Foulkes saw the individual symptom always in the context of the group as a whole. Whichever way we understand Foulkes's (1964) notion of the individual as a node in a network of communication we are acknowledging that individuality in a group is never complete, the individual contains information for the group and the group contains the individual. SCT shares the view that whatever any individual contains in a group they are also containing for the group and therefore whatever their behaviour, it is both communicating and containing something about themselves and for the group. The technique that Ormont proposes relies on this understanding, that others also know some of the experience of the 'isolate' and that bringing them into the whole group relationship is what is effective.

Ormont recognizes that his 'isolate' is part of a spectrum, other phenomena such as scapegoating and 'identified patients' can be seen as more familiar examples of this. These are whole group phenomena, which we also seek to avoid. SCT also assumes that the phenomena we see in a group always relate to the phase of group development.

SCT places central importance on enabling individuals to join as a member of a group and starts this process from the very beginning. This pre-empts the risk of scapegoating, or creating identified patients and would also address the problem of the 'isolate'. This is achieved through a process of 'subgrouping' which is a simple technique with far reaching effects (Agazarian, 1997).

In this technique we ask group members to respond to any communication in the group by building with similar experiences. We ask group members to join other members from a similar emotional resonance inside themselves. This creates a subgroup that explores similar experiences. Members are only ever asked to join on similarity, which means they are not isolated with their

experience. The rationale for this is that individuals (a living human system) defend against information that is *too* different to what they already know.

When a member brings in a difference this is recognized and worked in a new subgroup. From this perspective being an 'isolate' or the experience that is carried by the 'isolate' becomes material for group exploration through subgrouping. The aim is always to bring the members' experiences into the group. This then allows resonance in other group members and when they join with their experience the 'isolate is no longer isolated'.

It is important to acknowledge that the culture of any groups is one that we as conductors shape from the beginning. The clinical examples that Ormont describes are from a group in which the culture is one in which the conductor asks members to speculate on each other. This theoretically encourages projection as well as empathy or resonance.

A Systems-Centered group creates a culture of subgrouping in which members take responsibility for what they do not communicate in the group and the group becomes responsible for what is communicated. Given this I will suggest how a leader might respond from an SCT perspective to the 'Denial of responsibility' case.

### **Commentary**

In response to a question presumably from the conductor, the member responds, 'Why is it *my* job to speculate about Julie? I'm here to be understood, not to understand her, ask her'.

The first part of the response is a question with an emphasized '*my*' (Ormont's italics). The tone of voice here (disdain) is an important part of the communication and whilst there are a number of possibilities the implication is of hostility towards the questioner. SCT sees the question itself as a defence in relation to the hostility towards the conductor. It directs hostility away from the conductor towards the group or another group member. (Which as Ormont notes may outrage other group members and may lead to a scapegoat dynamic.) The SCT approach assumes the response is also a voice for the group and the leader would be watching the other group members carefully.

If the conductor were then to pick up just this part of the response

without interpretation, he/she might ask, 'What is behind your question?'

This is asking the group member to go to their current experience at being asked a question by the conductor or that their question was defending against. The member then has a number of choices, to respond with a feeling, or employ further defences e.g. going 'confused', giving explanations or asking another hostile question.

At this point the SCT therapist considers the communication in the context of the phase of group development. There are a number of possibilities. If the 'isolate' responds with more obvious and increased irritation with the conductor, then it is possible to both acknowledge this *and* ask if there is resonance in other members. If at this point the group becomes energized and works with its conflict with the leader, the group is operating in the fight phase of the first phase of group development, relating to issues of authority with the conductor. If it goes dead at the possibility of fighting the leader, it is important for the conductor to recognize that the 'isolate' is containing something that the group is not yet ready to deal with. It is likely that the group is in the flight phase of the first phase of group development. The work for the therapist is to enable the group to explore the defences against conflict with authority. At this point the conductor could ask for the experience of working in a group where there is irritation towards the leader.

There is further evidence of this in the rest of the statement, if we pick up the second part of the communication – '. . . I'm here to be understood, not to understand her . . .'

The message here is that, it is the leader that the 'isolate' wants to be understood by and there is no benefit to being understood by other group members. Ormont addresses this by asking other group members to provide understanding, this can be seen as a challenge to the 'isolate's' underlying communication. If the result of this is that the 'isolate' joins the group then he/she has shifted from the authority issue with the leader to exploring being understood by peers. (This is the second phase of group development, exploration of issues related to separation/individuation.) It is important to distinguish this from becoming an identified patient, when the group is acting as the curing agent for the 'sick' member (the flight phase of the first phase of group development). The subsequent group behaviour will provide the information for this.

Taken from a group as a whole perspective, the member is both saying what they (the group) want (to be understood) and how they

think it should be provided (not by other group members, but the leader).

The 'request' to the leader is to be understood ('me and not anyone else'). Again this relates to the authority of the leader to do the understanding. If the request is to be understood by any group member, then it relates to exploration of closeness and intimacy. This would be communicated in a very different tone of voice and words that convey a sense of either hope or despair at been understood by anyone. In this phase the conductor is less important as the source of everything, the focus is on the group and not particularly the leader.

Depending on the phase of the group the conductor can respond in different ways. If the group is in the early phase of dependence (flight from authority issues) on the leader, the conductor can pick up the wish to be understood and ask for resonance to that (in doing so he/she is building a group that *can* subgroup around understanding each other's experience). The risk (defence) of this phase is of creating identified patients, this is reduced by creating a subgroup that explores wanting to be understood or taken care of and being aware that the other side is also present of wanting to do the care taking.

If the phase of development relates to issues of fighting the authority of the leader, then the hostility can be picked up. For example if the 'isolate' when asked what is behind his questions responds with acknowledging irritation (towards leader), the group can again be asked for resonances to build on this. The risk (defence) of this phase is scapegoating (of the member rather than the leader).

If the group has worked through issues of authority, then the choice for the member/group is to explore feelings related to wanting to be understood and/or not being understood. In this phase the 'isolate' can then be framed as a group defence against the experience of separateness. The group is then invited to explore the experience of not being understood and the despair that goes with not being able to have what is desired in the way it is desired.

SCT aims to build a group that allows what is isolated to be brought into communication. This of course is similar to Foulkes's (1964) notion of the autistic communication and that therapy is synonymous with communication. SCT does this by introducing subgrouping from the very beginning and then paying attention to

communication and intervention in the context of the phase of group development.

### **Conclusion**

Ormont identifies a common problem working with any type of group. He addresses his understanding of the dynamics relating to this and outlines his technique to respond, with the goal of bringing the member into the flow of the group. This Commentary builds on this from an SCT perspective by giving a very brief account of how an SCT therapist might think about and respond to a particular clinical example. The first step is to enable individuals to become members of the group by subgrouping around similarities. Working in subgroups makes it easier for members to bring in information as they are always exploring in a context of similarity to their own experience. Other subgroups contain differences, thus in the group as a whole the full range of information is contained within subgroups.

Secondly all communication is understood in relation to both the group as a whole and the individual context. (Agazarian and Gantt, 2000). Thirdly all communication is understood and responded to in the context of the phase of group development. There are specific identifiable defensive patterns in each phase of development and the leader works to reduce defences in a phase appropriate way. This releases the group's energy to move on to explore the next developmental step.

Our training and experience pushes us towards predicting the possibilities and then directing. The SCT approach is to make information available to both the individual and the group by reducing defences. It is fascinating when we see that every action (verbal and non verbal) is a communication that has many possibilities and that by using our maps we can intervene then test the functionality of *our* communication.

It is important to acknowledge that this Commentary is in a context of having limited information about the context and developmental phase in which the particular example occurred and the suggested responses are only hypothetical, having no reality until tested. The hypothetical responses do however come from a theory with a great deal of tested similar experience.

The aim is to stimulate further dialogue and exploration of

similarities and differences between group analysis and Systems-Centered Therapy.

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