Systems-Centered® Functional Subgrouping Links the Member to the Group Dynamics and Goals: How-to and a Pilot Study

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Systems-Centered® Functional Subgrouping Links the Member to the Group Dynamics and Goals: How-to and a Pilot Study

Richard M. O’Neill,1,2 Joshua M. Smyth,3 and Michael J. MacKenzie4

Systems-Centered Therapy’s (SCT) core functional subgrouping method links individual members to group dynamics and goals. It involves members exploring similar goal-related experiences emerging from the group’s current phase of development. Hypothetically, along with SCT’s defense modification procedures, it generates a more positive member emotional experience and group climate, while increasing the discrimination and integration of goal-related information. This pilot study investigated self-reported functional subgrouping in two SCT experiential training groups. Results show that trainees rate functional subgrouping positively and do significantly more of it over the course of the workshops. Exploratory findings include significantly less anxious and depressive experience (a goal of these groups) associated with more functional subgrouping. Though these results are as predicted and suggest that functional subgrouping may be a useful group method, the authors caution that the research design does not permit cause-and-effect conclusions. Numerous limitations of the study are reviewed, and suggestions for future research are made.

KEYWORDS: Systems-centered; functional subgrouping; group psychotherapy; training.

1 The authors are grateful to research assistants Chia Wee, David Taube, and Laura Melton for their work on this project. Systems-centered® and SCT® are registered trademarks owned by Dr. Yvonne M. Agazarian and the Systems-Centered Training and Research Institute Inc., a nonprofit organization.

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In the 1960s, Agazarian (1997) found individual psychoanalytic theory and group dynamic theories inadequate for understanding how individual group members' behavior and the group's dynamics are related. She noted a lack of unifying concepts across individual and group dynamic theories (Agazarian & Gantt, 2000). Consequently, she and others found intervening with individual group members in the context of shifting group dynamics to be like "playing ludo [i.e., pachisi] on a chessboard" (deMare, as cited in Kreeger, 1975/1994, p. 146). Similar concerns over shortcomings in theory, practice, and research regarding the concept of the individual in a group have become more widespread over time, especially as social psychology research has demonstrated the profound effect of group dynamics on the individual (e.g., Asch, 1956; Sherif, Harvey, White, Hood, & Sherif, 1961; Zimbardo, 1971). More attention is now being paid to clarifying these issues (Agazarian, 2001; Billow, 2002; Bryson & Anderson, 2000).

For researchers, this conceptual ambiguity around the individual in the group has been reflected in a lack of agreement about such basic issues as a common definition of the term group. It has resulted in difficulty operationally defining concepts, difficulty deriving generalizations from research, and difficulty developing parsimonious explanations for change that apply at both the individual member and group levels simultaneously. Researchers have tried to clear these muddy waters by searching for common factors responsible for changes across theoretical approaches. Individual psychotherapy researchers have largely agreed that the factors of empathy, therapeutic alliance, goal consensus, and collaboration are common ones in successful individual psychotherapy (Norcross, 2002); however, no such consensus has emerged in the group literature.

Yalom's (1995) 11 therapeutic factors are the most notable attempt to define common factors across theoretical approaches. He gives special emphasis to cohesion as one such factor but states that it has been variously and vaguely defined as "groupness," "we-ness," "the resultant of all the forces acting on all the members to remain in the group," and "the attractiveness of a group for its members" (p. 48). More recently, Burlingame, Fuhriman, and Johnson (2001) reviewed the literature regarding patient outcome and treatment processes and stated that the "construct of cohesion . . . has advanced as the essence of relationship in group psychotherapy" (p. 373). They went on to propose six underlying, empirically supported principles of the development and maintenance of cohesion; however, they did not articulate a theoretical model linking the individual member to group dynamics that might guide leaders in generating cohesion.

To overcome this theoretical problem of understanding individual group member behavior in the context of group dynamics and the related practical problems of intervening as a group leader, Agazarian (1997, 2001) developed her theory of living human systems (TLHS). TLHS is both a meta-theoretical model designed to improve communication across the various psychological theories and a multilevel model aimed at linking individual and group dynamics.
At the core of TLHS are von Bertalanffy's (1968) general systems concepts of *hierarchy* and *isomorphy*. Agazarian (2001) defines *hierarchy* as the idea that “every system exists in the environment of the system above and is the environment for the system below” (p. 134). In practice, the systems-centered therapy (SCT) hierarchy is defined in three system levels, with the individual group member nesting in a subgroup and the subgroups in turn nesting in the group-as-a-whole (GAW). *Isomorphy* stipulates that every system in this defined multilevel hierarchy operate following the same principle; that is, Agazarian proposes a single principle of system operation within and between levels of the hierarchy, that of system function. She defines *function* as discriminating and integrating differences into the systems' overall knowledge.

SCT's *functional subgrouping* method is Agazarian's operational definition of the TLHS concept of function in a group. It is the unique method bridging individual and group dynamics, hypothesized to enhance group process and outcome simultaneously, in part by reducing intragroup conflict with its cohesion-damaging effects. Practically, whenever a potential conflict arises, group members in a functional subgroup (e.g., Subgroup A) share and explore a similar, resonant experience in here-and-now group dynamics; group members having a significantly different experience form a different subgroup (Subgroup B) and wait to explore their common experiences later.

The opening exploration within functional Subgroup A reveals differences between those initially similar Subgroup A members, and it becomes clear that Subgroup A members are not uniform. Subsequent exploration within functional Subgroup B reveals differences between those initially similar Subgroup B members, and it becomes clear that Subgroup B members are not uniform. In fact, as the two subgroups explore sequentially, the span of differences within each subgroup expands, for example, the way “all white” and “all black” differentiate into various whites with shades of gray and various blacks with shades of gray. If one imagines Subgroup A at one end of a continuum and Subgroup B at the other, as each subgroup expands from its respective pole toward the middle, their members will eventually overlap in the middle shades of gray. At that point, some Subgroup B members will find that they have something in common with members of Subgroup A, and vice versa. In other words, within each functional subgroup, differences are discovered in what was apparently similar initially, and then, across the functional subgroups in the GAW, similarities are discovered in what was apparently different before. This is hypothesized to result in an integration of across-subgroup differences, and the initial too-different differences become information-energy resources familiar and available for all subgroups in the system-as-a-whole. This results in enhanced overall group functioning.

Agazarian (1997, 2001) hypothesized that group dynamics proceed along specific phases of group development. In an SCT group, the shifts from one phase to another are facilitated by training the members in defense modification procedures matched
to the specific phase of group development. For example, in the flight phase of group development, cognitive defenses that generate anxiety and block awareness of more primary physical, emotional experience are prominent. Members in the anxious subgroup are trained to undo their cognitive defenses and become aware of their physical, emotional experience.

The next stage of defense modification involves undoing physical tension, leading to awareness of frustration, followed by undoing the turning-frustration-against-the-self defenses that lead to depression, and so on, through all the phases of group development. As the group proceeds through the phases, members having a similar experience join together to explore that phase-related experience and learn the matching defense modification procedures. Whenever an apparent conflict between members arises, separate subgroups are formed to contain each side of the conflict, until both sides can be thoroughly explored and the defenses undone.

CONTEXT AND HYPOTHESES

Reactions to TLHS and SCT in the group psychotherapy community have been mixed. Specific TLHS and SCT terms have been criticized as “jargon” (Wright, 1998, p. 408), while understanding concepts of the theory and practice has been described as “daunting” (van Wagoner, 1999, p. 113). At the same time, SCT has been described as “a fascinating and monumental addition to the field of group therapy” (van Wagoner, 1999, p. 119), and functional subgrouping has been noted to present “therapists with an effective way to attend to the common and extremely painful matters of isolation and scapegoating that occur in therapy groups” (Wright, 1998, p. 408).

A pilot study of individual systems-centered psychotherapy has demonstrated success in alleviating diagnosed anxiety disorder symptoms over a year’s time (Ladden, Gantt, Rude, & Agazarian, 2007). Research on SCT training groups has shown their process and outcome to compare favorably on some dimensions to those of training groups run by experts of other theoretical orientations (O’Neill & Constantino, 2008), including more positive group climate, less avoidance and intragroup conflict, and better member relationships, but less favorably on other dimensions, including group engagement. More functional subgrouping has also been shown to predict less emotional distress and more learning in large SCT training groups (O’Neill, Constantino, & Mogle, 2011).

This study examines whether trainee group members of different professional backgrounds, varying theoretical orientations, and mostly little or no prior experience with TLHS or SCT would report learning to functionally subgroup, do so more over time, and consider it a positive experience. Furthermore, because SCT training groups emphasize joining functional subgroups to learn SCT skills to undo the trainees’ own anxious and depressive experience, we investigated whether increased involvement in functional subgrouping would be associated with lower levels of anxious and depressive experience in the final training session. We predicted that trainees
would report (a) increased functional subgrouping over time over the weekend; (b) functional subgrouping, as defined in the questionnaire (see the appendix), to be a positive emotional experience; and (c) less anxious and depressive experience the more trainees functionally subgrouped over the weekend.

**METHOD**

**Participants**

Participants were recruited through responses to a brochure mailed to mental health clinics and individual psychotherapists or by personal invitation from mental health professionals familiar with SCT and the workshops. Participants were members of two separate SCT weekend experiential training events held in Austin, Texas, and Boston, Massachusetts.

The Austin group (N = 31) was composed of foundation and intermediate training groups that worked separately as well as together at times. The foundation training group (n = 23) contained members with little or no prior SCT experience (n = 15) and members having limited prior SCT training (n = 8). It consisted of 14 women and 9 men, with ages ranging from 20 to 59 years (M = 42.1, SD = 9.22). Members consisted of 13 mental health professionals or students (7 psychologists, 4 social workers, and 2 college students), 1 organizational development professional, and 9 community members interested in personal growth (frequently clients of therapists familiar with SCT). The intermediate group members (n = 8) all had significant prior SCT experiential training; the group consisted of 4 women and 4 men, with ages ranging from 35 to 56 years (M = 44.1, SD = 5.91). All members were mental health professionals (two psychologists, one psychiatrist, and five social workers).

The Boston group (N = 25) also consisted of a foundation (n = 12) and intermediate (n = 13) group. The foundation group contained five women and seven men, ranging in age from 19 to 65 years (M = 42.08, SD = 15.24). Eleven foundation group members were mental health professionals or students (3 psychologists, 1 psychiatrist, 2 social workers, 1 marital and family therapist, 1 master’s-level psychotherapist, and 3 college students interested in psychology). There was also an architect interested in personal growth. The intermediate group had five women and eight men, ranging in age from 35 to 56 years (M = 47.84, SD = 5.93). Members included 11 mental health professionals (6 psychologists, 1 social worker, 3 marital and family therapists, and 1 licensed mental health counselor), 1 organizational development professional, and 1 massage therapist.

**Procedure**

SCT experiential training weekends are composed of four blocks of training, each approximately three and a half hours long, spread across Friday–Sunday. Training begins with a brief introduction outlining the basic SCT boundaries of time and space.
and informing trainees of their GAW foundation or intermediate group member roles at various times. This is followed by a brief theory lecture to the GAW that focuses explicitly on the rationale for, and technique of, functional subgrouping. During the remainder of the first training block, the foundation and intermediate groups take turns working experientially with functional subgrouping, while the other group observes them. Then both groups work together, with all members assuming the role of GAW member. This sequence is repeated a total of four times over the weekend, interjected with lectures on the SCT *phases of development* and *stages of defense modification* (Agazarian, 1997, 2001).

Participants in both the Austin and Boston groups responded to the SCT functional subgrouping questionnaire (SCT FSQ; O’Neill, Agazarian, Ladden, & Carter, 1997; see Table 1) at the end of the first experiential training session (Friday afternoon) and again at the end of the fourth and final experiential session (Sunday morning). The Boston group completed other measures with the SCT functional subgrouping questionnaire: the State Anxiety section of the Spielberger State–Trait Anxiety questionnaire (STAI-S; Spielberger, 1983) and the Beck Depression Inventory–Short Form (BDI; Beck, Rial, & Rickets, 1974). All information was collected anonymously, and though trainees completed an informed consent procedure, they were not informed of the specific hypotheses of the research.

**Measures**

The SCT FSQ (O’Neill et al., 1997) defines functional subgrouping as “joining others with a similarity instead of responding with a difference” (no yes-buts). It consists of four items answered on a 5-point Likert scale: (a) “How often did you feel others were on the same wavelength as you?”; (b) “How much did you feel others joined you?”; (c) “How often did you feel the impulse to join others?”; and (d) “How often did you join a subgroup?” The fourth item has five subitem responses regarding motivation for subgrouping that were not a focus of this investigation. The psychometric properties of the SCT functional subgrouping questionnaire have yet to be extensively examined, but the measure has demonstrated reasonable internal consistency, with a slightly different version of the scale having a Cronbach’s alpha of .78 (O’Neill et al., 2011), and with Cronbach’s alphas of .61 and .69 at Times 1 and 2 in the present Austin group, respectively, and .77 and .84 at Times 1 and 2 in Boston, respectively. The questionnaire version used for the Austin group also asked respondents to list adjectives describing their functional subgrouping experience for that day.

The BDI (Beck et al., 1974; Furlanetto, Mendlowicz, & Bueno, 2005) is a well-validated 13-item scale assessing current depressive experience, rated on a 4-point scale, with higher scores indicating more depressive experience.

The STAI-S (Spielberger, 1983) is a well-validated measure of current anxious experience and includes 20 items rated on a 4-point scale, with higher scores indicating greater anxiety.
**System-Centered Functional Subgrouping**

**Table 1:** Reports of Functional Subgrouping Over Time for Austin and Boston by Group-as-a-Whole

<table>
<thead>
<tr>
<th>Functional subgrouping item</th>
<th>Mean (SD)</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Session start</td>
<td>Session end</td>
<td></td>
</tr>
<tr>
<td><strong>Austin group (n = 28)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. How often did you feel others were on the same wavelength as you?</td>
<td>3.57 (.79)</td>
<td>4.32 (.61)****</td>
<td></td>
</tr>
<tr>
<td>2. How much did you feel others joined you?</td>
<td>2.86 (1.11)</td>
<td>4.03 (.75)****</td>
<td></td>
</tr>
<tr>
<td>3. How often did you feel the impulse to join others?</td>
<td>3.79 (.83)</td>
<td>4.03 (.69)</td>
<td></td>
</tr>
<tr>
<td>4. How often did you join a subgroup?</td>
<td>2.86 (1.15)</td>
<td>3.54 (.96)**</td>
<td></td>
</tr>
<tr>
<td><strong>Boston group (n = 25)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. How often did you feel others were on the same wavelength as you?</td>
<td>2.90 (.91)</td>
<td>3.98 (.96)**</td>
<td></td>
</tr>
<tr>
<td>2. How much did you feel others joined you?</td>
<td>2.40 (.96)</td>
<td>3.54 (1.06)****</td>
<td></td>
</tr>
<tr>
<td>3. How often did you feel the impulse to join others?</td>
<td>3.16 (1.07)</td>
<td>3.92 (.93)*</td>
<td></td>
</tr>
<tr>
<td>4. How often did you join a subgroup?</td>
<td>2.25 (.99)</td>
<td>3.52 (1.12)****</td>
<td></td>
</tr>
</tbody>
</table>

*p < .05. **p < .01. ***p < .001. ****p < .0001.

**RESULTS**

**Analytic Strategy**

To examine reports of functional subgrouping (as assessed by the SCT FSQ) for the duration of the SCT workshop, we used a general linear model repeated-measures analysis (time, two levels) in the SAS statistical analysis package. Textual (linguistic) analyses were conducted using the Linguistic Inquiry and Word Count (LIWC) computer software program (Pennebaker & Francis, 1996; Pennebaker, Mayne, & Francis, 1997), which uses an internal dictionary to process words automatically into a number of conceptual categories, including those of “positive emotion” or “negative emotion.” This report examines the presence of negative and positive emotion words in the descriptors Austin group members used to describe the functional subgrouping experience. With the Boston groups, we also correlated reports of anxious and depressive experience at the finish of the SCT sessions to reports of functional subgrouping.
Functional Subgrouping Across Training Sessions

Our first question concerned if participants in the SCT sessions would report increasing functional subgrouping over the course of the training. The four questions assessing functional subgrouping experience were evaluated separately (see Table 1). At the Austin site, across all participants, there were increases in the report of all items. There were significant effects of time for Item 1, $F(1, 27) = 16.8, p < .001$, Item 2, $F(1, 27) = 30.7, p < .0001$, and Item 4, $F(1, 27) = 12.4, p < .002$. The increase for Item 3 was not statistically significant, $F(1, 27) = 2.2, p < .15$.

In the Austin foundation group ($n = 23$), there was a significant main effect of time (reports of increased functional subgrouping experience from the start to the finish of the session) for Item 1, $F(1, 19) = 12.7, p < .002$, Item 2, $F(1, 19) = 16.5, p < .001$, and Item 4, $F(1, 19) = 9.0, p < .007$. There was no effect of time on Item 3, $F(1, 19) = 0.5, ns$. Three of the 23 trainees in the foundation group did not complete the functional subgrouping questionnaire.

We next examined this question in the intermediate group ($n = 8$), although we note that inferential tests on such a small sample are preliminary. A similar pattern emerged, with trends to effects of time for Item 1, $F(1, 7) = 3.7, p < .10$, Item 3, $F(1, 7) = 3.5, p = .10$, and Item 4, $F(1, 7) = 3.5, p = .10$, and a significant effect of time on Item 2, $F(1, 7) = 25.0, p < .002$ (see Table 2).

At the Boston training sessions, across all participants, reports of functional subgrouping increased for all scale items. There were significant effects of time on functional subgrouping experience for Item 1, $F(1, 23) = 15.2, p < .001$, Item 2, $F(1, 23) = 13.5, p < .001$, Item 3, $F(1, 23) = 6.7, p < .02$, and Item 4, $F(1, 23) = 14.9, p < .001$. Means at the start and end of sessions for each site across all participants are shown in Table 1.

We then conducted parallel analyses in the Boston foundation group (two members did not provide complete data and were not used in the analyses), finding increases in functional subgrouping over time (reports of increased functional subgrouping from the start to finish of training) for all items. However, only the increase for Item 4 was significant, $F(1, 9) = 7.57, p < .03$.

Next we examined if individuals in the Boston intermediate group reported increased functional subgrouping experience. There was a significant main effect of time (reports of increased functional subgrouping from the start to finish of session) for all items: Item 1, $F(1, 12) = 39.7, p < .001$, Item 2, $F(1, 12) = 29.7, p < .001$, Item 3, $F(1, 12) = 12.1, p = .005$, and Item 4, $F(1, 12) = 6.8, p < .05$ (see Table 2).

Functional Subgrouping Experience

The descriptive adjectives used by the Austin participants were examined to evaluate the reported experience of functional subgrouping. Using the LIWC, the proportion of descriptors in the positive and negative emotion word categories was computed.
TABLE 2: Reports of Functional Subgrouping Over Time by Foundation and Intermediate Groups

<table>
<thead>
<tr>
<th>Functional subgrouping item</th>
<th>Mean (SD)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Session start</td>
<td>Session end</td>
</tr>
<tr>
<td><strong>Austin foundation group (n = 20)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. How often did you feel others were on the same wavelength as you?</td>
<td>3.45 (.76)</td>
<td>4.25 (.64)***</td>
</tr>
<tr>
<td>2. How much did you feel others joined you?</td>
<td>2.80 (1.24)</td>
<td>3.95 (.76)***</td>
</tr>
<tr>
<td>3. How often did you feel the impulse to join others?</td>
<td>3.90 (.79)</td>
<td>4.05 (.76)</td>
</tr>
<tr>
<td>4. How often did you join a subgroup?</td>
<td>2.60 (1.14)</td>
<td>3.35 (.93)***</td>
</tr>
<tr>
<td><strong>Austin intermediate group (n = 8)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. How often did you feel others were on the same wavelength as you?</td>
<td>3.88 (.84)</td>
<td>4.50 (.54)*</td>
</tr>
<tr>
<td>2. How much did you feel others joined you?</td>
<td>3.00 (.76)</td>
<td>4.25 (.71)***</td>
</tr>
<tr>
<td>3. How often did you feel the impulse to join others?</td>
<td>3.50 (.93)</td>
<td>4.00 (.54)*</td>
</tr>
<tr>
<td>4. How often did you join a subgroup?</td>
<td>3.50 (.93)</td>
<td>4.00 (.93)*</td>
</tr>
<tr>
<td><strong>Boston intermediate group (n = 13)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. How often did you feel others were on the same wavelength as you?</td>
<td>2.73 (.93)</td>
<td>4.42 (.64)***</td>
</tr>
<tr>
<td>2. How much did you feel others joined you?</td>
<td>2.39 (.87)</td>
<td>3.85 (.80)***</td>
</tr>
<tr>
<td>3. How often did you feel the impulse to join others?</td>
<td>3.00 (1.00)</td>
<td>4.08 (.86)***</td>
</tr>
<tr>
<td>4. How often did you join a subgroup?</td>
<td>2.46 (.97)</td>
<td>3.67 (1.07)*</td>
</tr>
</tbody>
</table>

*p < .10. **p < .05. ***p < .01.

These proportions span all participants and all descriptors provided so that participants who provided a relatively higher number of descriptors are weighted more heavily than participants who provided fewer descriptors. Among the Austin participants overall (N = 28), 40.8% of provided descriptors were characterized as positive emotion words, whereas only 5.1% of descriptors were characterized as negative emotion words. Among the Austin foundation participants (N = 20), 39.4% of provided descriptors were characterized as positive emotion words, whereas only 6.3% of descriptors were characterized as negative emotion words. For intermediate participants, 43.8% of descriptors were characterized as positive emotion words and 2.6% as negative emotion words. The remainder of the descriptors were either nonwords (e.g., estimulable) or were spread over a number of other categories (e.g., insight words, senses, social words, etc.), with no category exceeding 5% of the descriptors. Words related to cognitive mechanisms (e.g., cause, know, ought) composed 4.8% of the adjectives, and social words (e.g., talk, they) contributed 2.3% (all other categories occurred with a frequency less than 2%).
Emotional Experience

The Boston data tested the relationship of reports of functional subgrouping with reports of depressive or anxious experience (both assessed at the end of the SCT training). Across all participants, reports of depressive experience at the end of the training were significantly (negatively) related to functional subgrouping Item 1, $r = -0.55, p < 0.01$, Item 2, $r = -0.58, p < 0.005$, and Item 3, $r = -0.45, p < 0.04$, and showed a trend toward being related to Item 4, $r = -0.36, p < 0.10$. The negative correlations indicate that higher reports of functional subgrouping in the group at the finish of the training were related to lower reports of depressive experience. Reports of anxious experience showed a similar pattern. Across all participants, reports of anxious experience at the end of the session were significantly related to Item 1, $r = -0.60, p < 0.002$, and Item 3, $r = -0.51, p < 0.02$, and showed trends toward relating to Item 2, $r = -0.37, p < 0.08$, and Item 4, $r = -0.36, p < 0.10$. The negative correlations again indicate that higher reports of functional subgrouping experience were related to lower reports of anxious experience at the conclusion of the weekend training.

Anxious and Depressive Experience: Intermediate Group

For the intermediate group, reports of depressive experience at the end of training were negatively related to the report of the experience of emotional resonance in functional subgrouping (Item 1, $r = -0.71, p < 0.01$). Other reports of functional subgrouping were not significantly related to depressive experience, although all were in the predicted direction (Item 2, $r = -0.45, p = 0.14$; Item 3, $r = -0.30, p = 0.34$; Item 4, $r = -0.17, p = 0.62$). As expected, a highly similar pattern emerged for report of anxious experience; reports were negatively correlated to Item 1, $r = -0.67, p < 0.02$. Other reports of functional subgrouping were not significantly related to anxious experience, although all were in the predicted direction (Item 2, $r = -0.44, p = 0.16$; Item 3, $r = -0.47, p = 0.12$; Item 4, $r = -0.28, p = 0.40$).

In the foundation group, end-of-session functional subgrouping reports were correlated with end-of-session anxious and depressive experience reports. There was little relation between anxious and depressive experience and the four main functional subgrouping items.

DISCUSSION

On the theoretical level, functional subgrouping is a method for structuring communication to maximize goal-related information and energy transfer and to minimize noise in system functioning (Agazarian, 1997; Shannon & Weaver, 1964). On the human experience level, functional subgrouping is a method designed for safely communicating personal goal-related experience to others who reciprocate
with similar experience, then exploring together to discriminate and integrate differences, concurrently minimizing conflict and generating a positive, supportive, cohesive climate in the group. If the TLHS hypothesis of isomorphy (i.e., similarity in structure and functioning at all levels of the hierarchy) is correct, functional subgrouping should generate a positive emotional experience within the group, within the group's functional subgroups, and within their members, thus supporting their work, be it therapy or training. In addition, in groups designed to train members to learn SCT skills to undo anxiety and depression by participating in related functional subgroups, members who subgroup more should report less anxious and depressive experience as a result.

Our results show that these SCT training group members reportedly learned to subgroup functionally, and did so more over the course of the workshops. Assuming that behavior associated with positive results increases over time (Skinner, 1957), the reported increase in functional subgrouping suggests that it generates a positive experience at the member level. This is consistent with O'Neill and Constantino's (2008) results, which suggest that it may be a significant factor in generating the overall positive GAW climate members reported in other SCT weekend training groups. The present LIWC results (which categorized members' adjectives used to describe their functional subgrouping experiences) strongly support this hypothesis, as well: Though there was a small percentage of negative reactions, group members overwhelmingly reported positive experiences. The six most frequently used words were connected, supported, energy, excitement, fun, and warm. Examples of the most common positive emotion words were exciting, engaging, supportive, calming, loving, happy, fun, relief, and pleasurable. (Examples of the most common negative emotion words were sad, painful, and frustrating.) In fact, members often used words such as connected, joining, belonging, validating, unifying, and accepting, reflecting cohesion and universality and supporting Wright's (1998) view that functional subgrouping may be useful for dealing with group dynamics related to isolating and scapegoating members.

Along this line, perhaps the most intriguing finding in our study is that members who reported more functional subgrouping at the end of the workshop were significantly less likely to report having anxious and depressive experiences. This result cannot be said to support a causal relationship and should be interpreted cautiously. However, that this difference was statistically significant was remarkable given the small sample size and limited range of emotional experience scores. Why this effect should be found in the overall sample GAW but not in the foundation training subgroup is unclear. Possibly, new SCT trainees need more experience with functional subgrouping and/or with the SCT methods of undoing their own evoked negative emotions before they experience a significant change, or perhaps more experienced members have simply been more accepting of the SCT suggestion that functional subgrouping around their anxious and depressive experience should reduce it (Orne, 1962).
Bridging to other theoretical perspectives, there are at least two possible speculative interpretations of this finding of less anxiety and depression among those who reported functionally subgrouping more. An object relations group perspective (Rutan & Stone, 1984) suggests that a basic need of human beings is to relate with each other. This perspective would suggest that our workshop members who functionally subgrouped more may have lessened the experiences of anxiety and depression that are inherent to social isolation.

A second interpretation emphasizes an attachment perspective (Bowlby, 1969) that adds another dimension to the object relations stance. From this point of view, functional subgrouping may not be what reduces anxiety and depression; rather, individual group members who feel more secure in their ability to relate to others might feel less constricted to subgroup functionally and effectively and thus have less anxious and depressive experience when doing so.

Of course, these two speculative interpretations are not mutually exclusive and may in fact be reciprocal. McCluskey (2002) suggested that mirroring and attunement, psychological processes between caretaker and infant essential to developing a secure attachment style, are also essential components of functional subgrouping. She stated that the process of functional subgrouping may facilitate the transformation of attachment style, which would then result in a different experience of self and other, thus allowing a deeper and more fulfilling experience while functionally subgrouping. In other words, functional subgrouping may assure a member’s survival in an SCT group climate of acceptance of human differences, promote his or her development of greater awareness of his or her own emotion, and “promote facilitating an updating of his or her internal model” of experiences of relationship (McCluskey, 2002, p. 138).

Whatever the theoretical explanation, our data suggest that the SCT functional subgrouping method of communicating around similarities generates a positive group emotional climate similar to cohesion (Burlingame et al., 2001) and universality (Yalom, 1995). In and of itself, communicating around similarities may be a corrective emotional experience (Yalom, 1995) at the member level and may form the basis for further therapeutic exchanges of information. Furthermore, it may be a group process that generates the equivalent of empathy, therapeutic alliance, and goal consensus and collaboration, common factors in successful individual psychotherapy (Norcross, 2002).

Limitations

Obviously, there are significant limitations in our data. We did not have an alternative treatment control group or an attention control group. Thus the placebo effect (Fisher & Greenberg, 1997) may account for our findings, and it may be that another group carried out with other methods would have similar or even more positive reports of experience. In addition, catharsis (A. Freud, 1936; Yalom, 1995), that is, simply speaking about difficult or painful experiences, with those members who
spoke more feeling comparatively better, could explain our results. Also, the group leader provided an explicit rationale for understanding one's experience. Such a road map of life reduces chaos and the accompanying experience of turbulence, which may be reported as anxious or depressive (Korzybski, 1948). Furthermore, it is possible that group members who accepted the SCT rationale more fully, as evidenced by reporting greater functional subgrouping, would feel commensurately better.

Along this line, the group members may have simply been responding to the situation's implicit demand characteristics (Orne, 1962). Clearly Agazarian believes that her therapeutic ideas of SCT and functional subgrouping are useful and valuable. She presented lectures on her beliefs to the group members, and then she and her staff treated the members with kindness and consideration. Group members may have simply been responding in kind by supporting her cherished hypotheses through reporting more functional subgrouping over time—a positive experience of functional subgrouping—and less anxious and depressive experience as a result.

In addition, the group members had themselves devoted considerable time, energy, and money to participate in the workshops. Participating itself involved overcoming the difficulty of learning new concepts couched in a new jargon and then doing the hard work of revealing oneself to a group of strangers. Cognitive dissonance theory (Festinger, 1957) suggests that the more difficult or unpleasant a task is, the more it will be rated as desirable if it is performed. And again, members who functionally subgrouped more participated more, and it may have been the greater participation, along with cognitive dissonance, that resulted in our findings.

Also, our results may be a consequence of the process psychodynamic theorists refer to as transference cure (S. Freud, 1912). The group leader was likely attentive, empathic, attuned, and supportive. The members may have been responding to this current representation of a nurturing parent or caretaker.

As the study was correlational, we cannot say that functional subgrouping caused the difference in anxiety and depressive experience; it may have been the other way around, or the two might not be related. In addition, though TLHS and SCT treat anxious and depressive experience as inherently human universal phenomena (albeit with some members of the human race more prone to them than others), ours was a select sample, and generalizing from these results to other populations, such as people with diagnosed anxiety and depressive disorders, should be done with great caution. As mentioned, however, pilot research using SCT with individual patients diagnosed with generalized anxiety disorder (American Psychiatric Association, 2000; First, Gibbon, Spitzer, & Williams, 1997) showed significant clinical improvement over one year (Ladden et al., 2007).

**Future Research**

The additions of control groups and behavioral ratings of group members’ functional subgrouping (rather than sole reliance on member self-report) would address
some limitations of the current study's design. With such design changes, future research may productively address many questions raised by the TLHS and SCT models, such as, What is the relationship of functional subgrouping to cohesion? Are there specific elements of the functional subgrouping method that enhance group functioning more than others? Does the functional subgrouping method need to be modified to be more effective with novice group members? If so, how? Does functional subgrouping per se result in more positive emotional experience? Is the combination of functional subgrouping with SCT's defense modification procedures necessary to improve emotional experience? If SCT defense modification procedures are used, does the group proceed through the hypothesized phases of development? Basically, do the TLHS and SCT differences make a significant difference in group outcome, and if so, how might they be integrated into clinical practice most effectively?
Goal. The goal of functional subgrouping is to enable people to join on similarities rather than separate around differences.

SCT assumes that when one recognizes and integrates similarities (in information that is apparently different) and differences (in information that is apparently similar), one's whole system will survive, develop, and transform from simpler to more complex. Functional subgrouping is the method that helps that to happen. It often helps to use this method when you are solving problems with others. People like to feel the join before you bring in whatever differences are important to you:

1. Talk, and when you have finished what you are saying, ask, "Anyone else?"
2. Look around!
3. Expect someone to join you with a similarity.
4. When you don't feel joined, say so!
5. When you join a subgroup already working, join on a similarity.
6. Look at the person you are joining.
7. Build on others' ideas.
8. If you lose your subgroup, ask the people still in your subgroup to put their hands up.
9. As different people join and build, the subgroup gets bigger.
10. When you are no longer in the subgroup, say so!
11. If you want to start a different subgroup, ask the group if it is ready for a new subgroup. (Wait for the answer!)
12. When the group is ready to support you, start your new subgroup around your difference.
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