

Group Therapy for Body, Mind and Spirit: A Systems-Centered Approach

Michael Robbins, M.A., L.M.H.C.

Private Practice, Somerville, MA

Abstract

Over the past four years the author has been beginning his groups with a half hour of a variety of body-oriented modalities, followed by fifteen minutes of meditation. During the verbal section of the group, which lasts ninety minutes, he has been using an increasingly rigorous systems-centered therapy style. This format has led him to consider on both a theoretical and practical level the similarities and differences which systems-centered therapy has with body-oriented therapies, meditation, and spiritual psychology. The following article contains his reflections on these similarities and differences, as well as a consideration of the utility of including body-oriented modalities and meditation in a systems-centered therapy group.

Introduction

As the field of psychotherapy moves into the twenty first century, there is a greater awareness that all the dimensions of our lives are inextricably interrelated. It is becoming increasingly impossible to simply treat people psychologically without also taking into account their physical and spiritual well-being. Like the eastern proverb of the blind men each describing different parts of an elephant and believing they were touching different creatures, we are coming to the common sense realization that as practitioners specializing in one area of healing or another, we all have our hands on the same animal. All the systems of a human being exist as a functional unity¹.

As a body-oriented psychotherapist with deep roots in transpersonal psychology, who has also spent a significant portion of my life involved with spiritual practice and in various types of spiritual communities, I have been very excited to integrate systems-centered thinking into the other disciplines I have been using. There was such an immediate resonance with other forms that I felt as if a light had been switched on and a whole library of experiences suddenly fell into place. I believe that there are possibilities for a cross

fertilization between systems-centered therapy and other modalities that can greatly enhance the effectiveness of a variety of disciplines.

Similarities in Basic Principles and Goal

To start, it is useful to note the similarities in the principles which systems-centered therapy, body-oriented therapies, meditation and spiritual psychology use to organize and work with human experience.

First, all of these disciplines place a fundamental importance on a state of mind, which though they call it by different names, is phenomenologically the same. This is the experience of being "here and now, fully behind one's eyes with all of one's energy available to work" from systems-centered therapy (Agazarian, 1993, p. 18-19); "presence" from spiritual psychology (Yeomans, 1994, p.6-9); "mindfulness" or being in one's "center" from various forms of meditation (Kornfield, 1993); and being fully "in one's body" exquisitely aware of the ebbs and flows of the life force and the "functional unity" of the body/mind from body-oriented psychotherapy and a variety of movement modalities (Baker, 1980, p.3-15).

Second, all of these disciplines emphasize process, and exploring or apprehending the unfolding of experience, as opposed to explaining, interpreting or analyzing experience.

Third, all of these disciplines have a notion of a core, spontaneous, authentic self or essence which exists inside of each one of us and which can be lived through skillful means. This self is conceived of as an evolving process which has no fixed or static existence in and of itself. It cannot be named or categorized and yet it is the deepest source of our creativity and our connection to the life force. If we fall out of attunement with the rhythm of our authentic selves we inevitably feel psychologically or physically ill (Kurtz, 1990).

Fourth, all of these disciplines see that there are forces which restrain us from living in a continuous

¹ Functional unity is a basic assumption of all body-oriented therapies. This term was originally coined by Wilhelm Reich. See Elsrworth Baker, *Man in the trap*, pp 3-15, and Ron Kurtz, *Body-centered psychotherapy, the Hakomi method*, pp 17-38.

Authors's Note: This article is an abbreviated version of a longer unpublished paper. To order a copy of the original paper (60 pages, spiral bound, please send \$10 with a stamped, self-addressed manila envelope to Michael Robbins, 237 Summer St., Somerville, MA 02143

awareness of our authentically evolving experience as it shifts moment to moment through feelings, sensations, intuitions and thoughts. Some examples of the ways in which these disciplines conceptualize and name these restraining forces are: defenses, from systems-centered therapy, Reichian and Bioenergetic therapy; patterns of reactivity, from spiritual psychology and contemplative traditions; the forces of attachment and aversion, from Buddhist meditation; body armor, from a variety of body-oriented psychotherapies; and the repetition compulsion, from therapies with roots in the analytic tradition.

Fifth, all of these disciplines have the common goal of making the boundary permeable between our intuitive, instinctual, apprehensive experience of the world and our comprehensive, rational explanations and maps of that experience.

Sixth, all of these disciplines have observed that there is a developmental order and somewhat predictable, if non-linear and spiraling, creative intention inherent in this process.

Learning the skills to organize our experience in such a way that we have full access to our primary intuitive knowledge and our secondary, cognitive, verbal abilities in order to make sense of this experience and to communicate it is an orderly process. What is perhaps a little surprising is that the apprehensive, intuitive world that we find ourselves in also has a certain non-linear order to it which many disciplines have observed phenomenologically.³ Functionally, this means that there are certain common road signs or indicators that the therapist, facilitator or teacher can look for to recognize the phase of development that the client, spiritual practitioner or group is in.

Managing the boundary between our desires to comprehend and make meaning of our experience and learning how to apprehend and explore our experience is always a difficult task, which different disciplines have managed in different ways. Most forms of therapy and spiritual practice attempt some kind of skillful interweaving of these two forms of knowing by developing an artful sense of timing and pacing during the session. Systems-centered therapy is unique in that it deliberately splits the cognitive and experiential aspects of our experience by having a separate time set aside for surprises, learnings, satisfactions and dissatisfactions. Regardless of how a facilitator or group leader manages this boundary, it is abundantly clear that the greater the facility, experience and understanding the guide or practitioner has of these processes of development and of

the various models which our most sophisticated researchers and theoreticians have come up with, the general sequences and patterns of these models, and the principals which support them, the better he or she will be able to contain, deepen and direct the work.

Differences and Forks in the Road

The first and most obvious difference between these approaches concerns their philosophical underpinnings and views on the question of how we make ultimate meaning of our existence. Systems-centered therapy takes no position in this regard and attempts to take a purely phenomenological approach to the study of human experience. In so doing, Yvonne Agazarian has left these philosophical questions open and has chosen simply to provide a methodology and language by which the experience of human systems may be accurately described and the defenses which inhibit optimal functioning and energetic vitality, analyzed, modified and worked with to a productive end. However, central to systems-centered therapy are several principles which are deeply resonant with many schools of spiritual inquiry, particularly those of Buddhism, Taoism and the esoteric schools of Sufiism and western alchemy. These are the principles of centering, process, the union and integration of opposites, the primacy of experience as a way of knowing, and that our existence is held inside of some larger context or system which has a certain lawfulness and order to it.

Spiritual psychology and the meditative/contemplative approaches to human experience are obviously squarely in the camp that the ultimate reality is spiritual and that it is the spiritual destiny of each human being and of humanity as a whole that gives meaning and importance to the struggle to grow, become aware, and to take responsibility. The bioenergetic (not core energetic, however,) schools and some Reichians are far more ambivalent about discussing any questions of ultimate meaning and tend to see most forms of spirituality as a defense against struggling with the finite existential reality of our bodies. Movement modalities such as authentic movement and improvisation are non-committal on questions of ultimate meaning although many practitioners of these disciplines come out of a depth-oriented, Jungian tradition and are certainly sympathetic to a spiritual world view. Body-oriented disciplines that support making meaning through a spiritual world view include most forms of breathwork, core energetics, and those movement disciplines that come out of a Taoist, Buddhist, shamanic, Sufi, or western esoteric tradition.

Secondly, these disciplines differ in how they work with the various obstacles we encounter on the path to the authentic or spontaneous self. These differences seem to fall along six key valences or choice points: 1) whether to be confrontive or supportive/accepting/

3 For the systems-centered view of developmental order in groups, see Agazarian, "The Phases of group development," a reprint from Agazarian and Peters, *The visible and invisible group*. For a spiritual, contemplative point of view see Wilber, Engler & Brown, *Transformations in consciousness, conventional and contemplative perspectives on development*. For a Reichian, body-oriented perspective, see Baker, *Man in the trap*.

reframing in the face of defended experience; 2) whether to use primarily the matrix of the transference/ counter-transference relationship as a vehicle for modifying the restraining forces in our path, or to emphasize the relationship with self and/or spirit; 3) how each discipline works with the inevitable regression and primary process material involved in therapeutic work; 4) whether to intervene with a lens geared primarily towards seeing the systemic nature of experience and behavior, or to emphasize the intra-psychic, individual nature of experience; 5) whether to support or encourage cathartic discharge or to work with a process of containment, awareness and insight; 6) whether and how to make use of historical psychodynamic information, personal stories' and the role given to this information.

The above issues have such important practical implications on how one actually intervenes in any given circumstance, that to even begin to discuss in a general way the different perspectives that each discipline takes is far beyond the scope of this article. Furthermore, even though each discipline may tend to fall on one side or another of these choice points, no clinical situation is ever so tidy; therefore, practitioners must constantly be making choices along these valences based on context and theory. Thus, a restraining force in one instance will be a driving force in another and vice versa. Systems-centered therapy is unique in that it has very clearly developed views on how to intervene at each of these forks in the road.⁴

Suffice it to say that the choice of intervention strategy in any therapeutic interaction is always complex and multi-dimensional, involving all sorts of conscious well-considered rationales as well as personal preferences, conscious and unconscious transferences and counter-transferences which lie at the heart of any practitioner's therapeutic artistry. The more mastery and knowledge the therapeutic artist has over his or her materials and craft, combined with how successfully he or she has been able to engage in the long and arduous process of personal development and the struggle to become aware of his or her character structure, unconscious tendencies and repetition compulsions, the more depthful, containing, colorful, and intuitively sensitive an environment will be created (Robbins, 1994, p.45-62, p.141-159).

Body-Oriented Modalities in a Systems-Centered Context

The body-oriented modalities which I use in the first half hour of the group come from many traditions. Authentic movement, bioenergetics, Reichian therapy, tai chi, chi kung, breathwork, improvisational theatre and shamanism are among my favorite sources. The common

thread which I emphasize in all of these forms is a mindful awareness of one's energy state and a permission to allow the river of impulse life to unfold in an atmosphere of safety.

There are many ways in which body-oriented modalities support and extend the goals and principles of systems-centered therapy. The following areas seem particularly relevant.

First, body-oriented modalities work very directly with the boundary between our primary, instinctive and intuitive awareness and our comprehensive, secondary explanations of our world. Our first language is nonverbal, energetic and sensory based. Before we had words to describe our experience, we lived in a world of direct knowing in which we picked up information kinesthetically and energetically from our environment. We had full access to our instinctual knowledge of when a person or situation was safe, supportive and pleasurable or threatening and unpleasurable. If we grew up in an optimal environment with adults, teachers and peers who had not lost touch with their own intuitive, apprehensive selves, our verbal, cognitive abilities developed in harmony with this instinctive knowledge. Our natural curiosity at the edge of the unknown remained intact, and we learned how to manage our anxiety in the process of noticing and integrating differences (Agazarian, 1993, p.3). In systems-centered terms the boundary of common sense remained open and permeable (Agazarian, 1993, p.27). Unfortunately none of us grew up in such an environment. Body-oriented modalities give clients an opportunity to recontact their intuitive, sensory, energetic experience of the world as well as the vast instinctual impulse life that rises up spontaneously from our organisms. When this process is done with mindfulness, it allows our comprehensive, thinking selves to become aware of the energy and information which we have repressed and stored at an organismic level. At the deepest levels of healing, body-oriented modalities allow the defense mechanisms which we have developed in order to survive our environments to unwind cellularly and perhaps even molecularly.

Second, body-oriented modalities can also help group members to develop permeable boundaries between the person, self, member and group-as-a-whole levels of awareness. This work takes some direction on the part of the leader to help group members attend to each level nonverbally. With training, I have found that group members can distinguish which system they are moving from quite successfully. The techniques of improvisational theatre and movement work particularly well towards this goal. For example, at the level of the self-system, group members are able to move with some fluidity through different movement styles and rhythms with a degree of choice and freedom. At the member level, individuals begin to subgroup with each other and to function as an ensemble, mirroring and building on each other's work. This is in stark contrast to the movements of members who are stuck in their person

⁴ As Yvonne Agazarian is so fond of saying, "Everything we do in SCT is based on the theory" (Agazarian, May, 1995, SCT training weekend, Philadelphia, PA).

systems or in a barrier experience and whose movements are closed, self-contained and impermeable or unresponsive to the other movers in the room.

Third, body-oriented modalities can help group members to come right up to the edge of their unknown and to investigate in a very pure way, the unfoldment of their apprehensive, spontaneously-arising impulse life. Authentic movement is a particularly applicable technique towards this goal.

Fourth, body-oriented modalities can help build a physical container at every level to hold the greater intensity of energy and charge which the explorations of a well functioning systems-centered group requires. Practices which deepen breathing and open up the meridian system such as bioenergetic exercises, chikung, tai chi and transformational breathwork are particularly useful in this regard.

Fifth, body-oriented modalities help a group to notice and integrate differences. As group members meet each other nonverbally, they inevitably, and often subconsciously, respond to each others breathing patterns, muscular tension or relaxation, vocalizations and energy fields. As the group-as-a-whole notices the differences and similarities in each member's characteristic nonverbal communications, the group accomplishes the systems-centered goal of growth from simple to complex by recognizing and integrating differences along many valences simultaneously (Agazarian, 1993, p.27).

Finally, body-oriented modalities can help us to address our psychological character defenses at a physical level. All of our psychological defenses have their physical correlates in the loss of muscular fluidity, blockages in the breath and organ dysfunctions (Lowen, 1981, Dychtwald, 1981). Simply undoing the psychological defenses we have against the free movement of the life force is often woefully insufficient to achieve lasting change. If the core levels of tension in the tissues and organs are not released the defense modifications we have done at a verbal level can often be undone all too easily. The Reichian, bioenergetic and core energetic schools of body-oriented psychotherapy have given us sophisticated theoretical and practical tools to address the character defenses which have become embedded in our postures, breathing patterns and muscular armor. Acupuncture, Ayurveda, and homeopathy can also be extraordinarily useful adjunctive treatment modalities to recommend to clients who would like to address this level of healing.

Meditation in a Systems-Centered Therapy Context

Meditation is such a profound and rich area of human exploration that it would be difficult to underestimate its potential impact on our growth and development. I have often framed systems-centered therapy to my clients as an open-eyed, interactive meditation in which our inner,

vertical relationship with self and/or spirit is given the additional focus of our horizontal relationships with each other.

The meditations which I use in my groups come from many traditions. Buddhist mindfulness meditation which focuses on the breath and the development of a clear internal witness is extremely applicable to systems-centered therapy as it quite powerfully develops the self-system and creates a great inner freedom to notice many different aspects of the psyche. I have also used more directed forms of meditation from Taoism, Sufiism, shamanism, western esoteric traditions, or my own home-brewed meditations tailor made to the particular group I was working with. In these forms of meditation, one actively pursues a particular state of awareness or energetic attunement and cultivates it. This has the same metastructure as the work which group members do when they choose a subgroup and discipline themselves to stay with the part of the self that is resonating with the subgroup.

The following are some of the specific goals and purposes that I have used meditation for in the context of a systems-centered therapy group: 1) to develop a state of centeredness, presence and mindful awareness of all the dimensions of experience; physical sensations, breath, emotions, thoughts and intuitions; 2) to help group members develop their skills at navigating the turbulence at the boundary whenever they focus their attention on the particular dimension of their experience which they would like to explore; 3) to help group members experience energetically the difference between focusing solely on one aspect of themselves with an impermeable boundary to all other outside and inside information (person-system or barrier experience), focusing on the self while making differentiations between their thoughts, and feelings, (self-system), focusing on the energetic resonance between themselves and one or several other people who are in a similar experience (member or subgroup system), and focusing on the energy field of the entire group (group-as-a-whole system); 4) to develop the ability to contain powerful energetic states without discharge; 5) to develop the ability to live in the apprehensive, intuitive part of the self; 6) to welcome dissociated, unaccepted or rejected parts of the self and to begin the process of making these feelings conscious and accessible for exploration.

Conclusion

In this article I have discussed the similarities and differences between systems-centered therapy, spiritual psychology, body-oriented modalities and meditation. The fundamental principles and goals which these disciplines share in common are: presence or mindfulness in the here and now; process; the notion of an authentic or spontaneous self; the observation that there are restraining forces which inhibit us from living in a continuous awareness of our authentic selves; the

common goal of making the boundary permeable between our primary, intuitive apprehensive experience and our comprehensive understandings; and, the notion that there is a spiraling, non-linear developmental order which we can observe phenomenologically in individuals and groups as they mature in their practice of these principles towards this goal. These disciplines differ from each other in their philosophical underpinnings and in the specifics of how they help people to deal with the restraining forces that limit the free and clear movement of the life force from the apprehensive to the comprehensive self. I have also discussed how body-oriented modalities and meditation might be used to support the work of a systems-centered therapy group.

References

- Agazarian, Y., (Feb. 15, 1993). A theory of living human systems and the practice of systems-centered psychotherapy, Special Presentation at the Thirty Seventh Annual Meeting of the A.G.P.A., Feb. 15, San Diego, CA.
- Agazarian, Y., (1985). "The phases of group development," a reprint from Agazarian and Peters, *The visible and invisible group*, Routledge and Kegan Paul, London.
- Baker, E. (1980). *Man in the trap*. London: Collier Macmillan.
- Dychtwald, K. (1981). *Bodymind*. Jove Publications.
- Kornfield, J. (1993). *A path with heart*. New York: Bantam Books.
- Kurtz, R. (1990). *Body-centered psychotherapy, the Hakomi method*. Mendocino, CA: LifeRhythm.
- Lowen, A. (1981). *Bioenergetics*. New York: Penguin Books.
- Robbins, A., (1994). *A multi-modal approach to creative arts therapy*. London: Jessica Kinges Publishers.
- Wilber, K., Engler, J., Brown, D. (1986). *Transformations in consciousness, conventional and contemplative perspectives on development*. New York: Random House.
- Yeomans, T. (1994). "Soul wound and psychotherapy." The Concord Institute Pamphlet Series, #2, The Concord Institute, Box 82, Concord, MA. 01742.

The pages in this article are adopted by
Celia Huston, Ph.D., Atlanta, Georgia