



# SYSTEMS-CENTERED® NEWS

Published by the Systems-Centered® Press

Volume 17, Number 1

Fall 2009

## FROM THE DIRECTOR

Earlier this year I had the chance to present at the Spiritual Care Collaborative Conference in Orlando. A few weeks before my 90-minute workshop, I found out that instead of the 30-40 participants I had expected, I had 350 signed up (a testament to the work that Joan Hemenway did in taking SCT into the clinical pastoral education community). Needless to say, I was not only surprised but a little apprehensive.

My topic was functional subgrouping. Hearing how big it was going to be, I almost defaulted to leading a demonstration group followed by a group discussion. This certainly seemed the easiest and most viable solution for a group that size and with only 90 minutes. Yet I was nagged by knowing that I had said in my description that participants would have an experience of functional subgrouping. So, with more than a little trepidation, I decided to present the basic theory of functional subgrouping, and then do functional subgrouping in this large group.

My first challenge was cajoling the conference staff to rearrange 350 chairs into a set of concentric circles when they only had 15 minutes to change the chairs! They creatively set up half the room behind a partition so that when the lunch ended, they only had half to rearrange. I also wisely solicited three able containers, Peg Lewis, Kitty Garlid, and Angelika Zollfrank. Their job was to join and subgroup authentically whenever a member was not joined so that no member was left alone.

After a brief Power Point presentation on the theory of functional subgrouping and Yvonne's work in developing it, I told the group we were going to try it. I introduced this by saying:

"As each person who wants to speak finishes, please say 'anyone else?' as this lets the group know you are done and that you want to be joined."

Given our context, I also asked each person to stand as they spoke. (There is research that shows that when you see a speaker, it is easier to hear them. I also relayed my experience in the large group in Dublin last year where it took the large group five days to discover that when someone stood when talking, it was much easier to hear them.)

It worked! The group joined each other, learned to build, and began to discriminate between explaining and exploring their experience, and in 45 minutes of subgrouping, developed enough that a member was able to express a strong feeling, feel very good that she had, and was solidly joined by the group. Several members stood to say they were surprised they were speaking and had discovered they wanted to as the group worked. Others explored their reaction to the structure. In surprises and learnings at the end, several members noted being surprised that people subgrouped in the here-and-now about the present experiences of discomfort and uncertainty.

- Susan Gantt ([sgantt@systemscentered.com](mailto:sgantt@systemscentered.com))

## What's Inside

- From the Director .....1**
- From the Editor .....2**
- Emerging Theory .....3**
- Theory, Research & Application .....5**
- Systems-Centered® Training Program.....21**
- Program Notes - Training at the SCT Conference ....22**
- Reports & Updates .....23**
- Members Forum.....27**
- Conference Registration Form .....30**
- Membership Application .....31**

### SCTRI Mission Statement:

Knowledge and Research. A primary purpose for this organization is to contribute to knowledge with the theory of living human systems and to do related research in long- and short-term change strategies.

Education and Training. A primary purpose for this organization is to continue development of methods of systems-centered education and practice and to train systems-centered practitioners to serve the community..

Community Development and Contribution. The organization will introduce SCT strategies for change to organizations, groups and individuals in private, public and clinical settings.

## SYSTEM-CENTERED® NEWS

is published twice a year by the Systems-Centered Press.

### Editor

Michael Robbins, MA, LMHC  
michaelrobbins@rcn.com

### Section Coordinators:

#### *Emerging Theory*

Yvonne Agazarian, Ed.D., CGP, DFIGPA, FAPA  
agazarian@aol.com

#### *Reports & Updates*

Verena Murphy, Ph.D.  
vmch99@hotmail.com

#### *Training*

Kathy Lum  
admin@systemscentered.com

#### *Theory, Research & Application*

Bettie Banks, Ph.D.  
Betsbanks@mindspring.com  
Michael Silverstein, Ph.D.  
silverstein@rowan.edu

#### *Members Forum*

Jan I. Vadell  
jan@systemscentered.com

### Production Coordinator

Jan I. Vadell

### Production Consultant

Kathy Lum

### Submission Deadlines:

July Issue - May 15<sup>th</sup>

November Issue - September 30<sup>th</sup>

Please submit articles to the appropriate Section Coordinators.

### Display Ads:

Size	Cost
Quarter Page	\$120
Eighth Page	\$ 60

These prices are for camera-ready ads. There will be an additional charge for type-setting of ads.

Send Display Ads to Kathy Lum at admin@systemscentered.com

### SCTRI

P.O. Box 2118  
Decatur, GA 30031, USA  
Phone: 404-378-5709 • Fax: 404-378-8970  
E-mail: admin@systemscentered.com  
www.systemscentered.com

## FROM THE EDITOR

Wow! This edition really raises the bar for our Newsletter! Our membership has come through with some of the most substantial, interesting and exciting articles to-date. This issue truly stands at the threshold between a Journal and a Newsletter. The intellectual rigor and heart evident in each of the articles you are about to read is impressive. Bravo to each of the contributors!

Let me give you an overview. This Newsletter begins with a fascinating article by Yvonne Agazarian that walks us through her most up-to-date thinking on "Roles." The next article, by Marianne Bentzen is called "Developmental Brain Perspectives on Joining in Functional Subgrouping." In this important article, Marianne helps us to understand the full complexity of the neurobiological development that is necessary for authentic functional subgrouping to occur. In particular, she emphasizes the skill of "self-joining" and describes what this means in terms of brain development. The next article is called "Couples Treatment." This article is co-authored by Elaine Dinitz, Joy Luther, Ken Frontman and Neil Snipes. It explores the most current SCT approach to working with couples. The next article is by me (Michael Robbins), and is called "The Meeting of Two Meta Theories – A Systems-Centered Discussion of Ken Wilber's Integral Model." This article examines Wilber's exciting new Integral Model from a systems-centered point of view. The next article by Mark Perlmutter is called "Phases of Development and Sexual Abuse Treatment." This is an erudite and high-level treatment of the implications of Agazarian's phases of systems development for the treatment of adult survivors of childhood sexual abuse. Next, Jale Punter has written an article called "Treating Depression by Working with Roles – A Case Study." In this article, Jale takes us through a successful treatment of a depressed woman using the SCT method of undoing dysfunctional roles. She asks some important research questions about depression as it relates to the SCT method of undoing maladaptive roles. Then, we are treated to Mark Johnson's article called "Whence Roles? Mapping Attachment Styles onto the SCT Construct of Roles." This article explores the correlations between the attachment styles discovered by a variety of attachment theorists (Bowlby, Main, McCluskey and Wallin) and the SCT theory of roles. Finally, the Theory section finishes with a piece by Neal Spivack called "The Identified Patient in the Flight Sub-phase." In this piece, Neal both reviews the tasks that every beginning group faces in the flight phase of the authority issue, and gives us a case example as well. I hope that this section of the Newsletter will be as stimulating and exciting for you to read as it was for me!

In the rest of the Newsletter we have our usual Reports and Updates, and the Members Forum as well. In the Members Forum, there is also a very interesting "Letter to the Editor" from John Straznickas that you will not want to miss.

All in all, this Newsletter demonstrates that we are an organization that is thinking deeply, asking questions, and filled with intellectual vigor. Considering that the theme of our Conference this year is "Building Communities by

Integrating Differences,” I think this issue “primes the pump” for a successful and exciting gathering next April.

Finally, I want to thank our wonderful Newsletter team. Bettie Banks, Michael Silverstein, Verena Murphy, Yvonne Agazarian, Kathy Lum and Jan Vadell - you have all made this Newsletter a pleasure to produce. Bravo!

Wishing you all the very best in every aspect of your lives, until our paths cross again,

-Michael Robbins ([michaelrobbins@rcn.com](mailto:michaelrobbins@rcn.com))

## EMERGING THEORY BY YVONNE AGAZARIAN

### ROLES

Recognizing and modifying roles is one of the most important goals in Systems-Centered Therapy. “Roles” qualify as subsystems that contain organizations of information. Understanding the function of roles is fundamental to understanding the SCT orientation to therapy. When role systems have boundaries, permeable to the context, they serve as driving forces in all contexts. When roles have selectively permeable or impermeable boundaries, they are restraining forces in every context.

It is important not to take one’s roles just personally! Roles are not the person! Great relief is experienced when members recognize that their role behavior induces others to reciprocate from their roles, and the result is a role lock system which governs them both and can only be changed when it is understood as a system. Roles imported from the past have boundaries that are selectively permeable, open to inputs from the context that are similar enough to the original role organization, but closed to the differences which could potentially lead to change. All roles were once a solution. SCT emphasizes that past roles, however maladaptive in the present, were adaptive at the time they were developed. Early roles are developed to respond to the role requirements of an important relationship. Early roles are useful compromises. If mother wants it tidy, developing a tidy role enables both to have pleasure.

When old roles are exported from the person system into the group, they serve as restraining forces to group development. However, they are also grist for the therapeutic mill. In SCT, however, preparatory work is necessary before role work is done. The SCT protocol for roles requires members not to take their roles personally, to keep a part of themselves objective (the researcher or “self-observing subsystem”) so that they can access the information from their past child who first developed the role. This method reduces the potential for regression into the overwhelming emotion that is often related to the early compromises in highly significant relationships.

The first step in objectification is to give the role a name. The second is to recognize what the world looks like from inside the role and how one reacts to the world from inside the role. This in turn leads to recognizing that the role behaviors induce reciprocal role behaviors from others, which then set up role locks. Understanding that the inductions and seductions of roles are a property of the system, not of personal fault or failure, usually helps to prepare the member to work at two levels at once: adult and child. By so doing, the “adult” can

access the full resources of the here-and-now adult, rather than regressing to the limited resources available as the child.

The next step has some similarity to the work in Transactional Analysis. The member is asked to find a way, as the adult, of keeping the child secure enough to be able to tell him or her about the experience of developing the role. Some put the child on their lap, others hold the child close to their side, some keep the child close in a reassuring hug. When both sides of the subsystem that they are creating are secure, the adult asks the child to tell how they first learned the role, and with whom (usually a parent).

The next step is usually the most challenging and flies in the face of the split, in which the compromise is experienced as “required” by the other. Framing the compromise as a solution to being able to get closer to the parent, the “child” is asked to remember the pleasure. When this becomes possible, the good-bad split is undone. This work is done in the developmental phase of role locks. It lays the groundwork for the later work in the intimacy phase, where insight is gained into the conflicts around separation and individuation.

It is in the intimacy phase that members come to understand roles in relationship to the context. The “child” is re-awakened, the relationship between the adult and the child is re-established, and the child is asked what they know about why the parent needed them to develop the role of, for example, “being good and unobtrusive and quiet,” or “becoming the parent of the parent,” or “becoming a boisterous but loveable rebel,” etc. This leads to the question of what was it in the parent’s own childhood that led them to develop the role of “being afraid of noise,” or “needing parenting,” or “wanting someone to act out for them.” Later still, the members recognize the complex of compromising roles that all members of the family played that kept the family system stable. Thus the context shifts up the hierarchy: from person, to member, to dyadic subgroup, to (family) system-as-a-whole.

Influencing boundary permeability in all systems is a high priority in SCT. Roles that have impermeable boundaries, while they function in the service of system stability, compromise development and transformation. For example, the encapsulation of traumatic events, past or present, maintains a stability for the system but at a cost, as in post-traumatic stress syndrome.

### When Differences Are Too Different

It may be useful at this point to spell out the theory behind the SCT approach to recognizing the importance of roles as subsystems. SCT assumes that when differences are too

different to be integrated, there is a disorganizing impact on the existing organization of the system. The system response is to encapsulate the differences within a containing subsystem, with impermeable boundaries, rather like an oyster managing irritants by forming a pearl. These differences come from two sources. One source is when the differences in the context override the boundary defenses and cross into the system, threatening to disrupt the existing organization. For example, misattunements and misinterpretations are differences that are de-stabilizing, and the pain is often defended against by responding with compliant or defiant roles. Another source, more difficult to change, is the differences within that are already contained in a subsystem behind containing boundaries and scapegoated; as when one disapproves of one's anger, or is guilty about one's thoughts, or wards off an event with shame.

This system dynamic appeals both to the person system and to group systems. In the person system, the dynamics of system encapsulation offer a system explanation for the pre-conscious and unconscious, as well as for the dynamics of repression and denial. This theoretical orientation also applies to the containment of trauma. Projection is understood as the extrusion of a subsystem, almost always connected to an underlying role system, and often induces in the recipient a reciprocal role. Projective identification is a successful extrusion of an encapsulated subsystem into the containing system of the therapist. In the system-as-a-whole between the patient and therapist, it is the therapist who then does the work of integrating the difference, and when that has occurred, the system-as-a-whole changes and the patient is free to take a next step in his or her therapy.

Roles can serve both as driving and as restraining forces in relationship to their context: driving when they contribute to the goals of the system context, restraining when they do not. When member roles and group roles are congruent with personal goals, there is little conflict as the person is free to use resources that fit with the goals of the group. Other times, the person goals are different from the member goals or the group goals. It is at these times that the person develops "as if" membership roles, or, under group pressure, develops membership based on compliance or defiance (Festinger, 1957).

There are some familiar examples in group psychotherapy of encapsulated role systems. One particular example is the encapsulation of differences in the scapegoat role, and the encapsulations of similarities that the group is not ready to integrate and extrudes, into the role of the identified patient. What is particularly useful in exploring the implications of these two roles is that they have a significant meaning both for the person who volunteers for them and for the group who elicits and responds to them. They are both containers of dynamics that the systems cannot integrate.

For example, the role of the identified patient appears most often in the flight phase of groups. The person in the role presents him or herself as needing care, implicitly from the therapist though most often directed towards the group. Dynamically, the role contains dependency. Looking around at the members of a new group, therapists may recognize the posture that goes with the subdued, compliant, timid roles and

wonder which of those volunteers the group will choose. There is relatively little doubt that the group will choose one in order to contain the dependency in the group that it is not ready to explore.

From a systems perspective, there is an opportunity for much therapy in the roles of both the scapegoat and the identified patient "containers" of difference. There is the opportunity of encouraging the group to subgroup and explore both sides of the role lock: the wish to be taken care of, and the impulse to take care of in both meanings of the word (i.e., both nurture and to get rid of). Equally important, there is the opportunity of introducing into the group the idea that roles are both a seduction and an induction. Thus the identified patient role seduces the group into a care-taking response, and the group care-taking role induces an identified patient role. For SCT, as this occurs in the early phases of group development, there is the opportunity to draw members' attention to the role signals that they telegraph. By becoming aware of them, they can link them to their roles, recognize how they induce others into the role locks, and recognize that there is always a perfect partner who is inducing them to take up the role. It is, of course, important to do this work from the role of "researcher" and avoid taking the complex and often painful awarenesses "just personally."

When the group system cannot convert the scapegoat to the group norms, it attempts to ignore it. At a later time in the group development, the information contained by the scapegoat becomes similar enough to be integrated, and the scapegoat role is transformed into a pathfinder. Thus, what is maladaptive at one point in group development can be adaptive at another. (It is important to note that while the scapegoat contains dynamics that are important, but premature, to the group's development, if the group succeeds in extruding the scapegoat, there is a danger of fixation in guilt. There is also a probability that developmental issues that the scapegoat contained will become encapsulated within the group in a "repressed" subsystem.)

Subsystem roles are so important to SCT because it is the insight into their derivation that changes the relationship between roles and the person-system-as-a-whole. As I have mentioned before, it is in the process of discovering the difference between personalizing roles and member roles that great changes are available for people.

In summary, from a systems perspective, roles are always part of a role lock, either between roles in the present, or roles imported from the past. They represent a system split, and the therapy requires that the boundary is made permeable between the two halves so that there is again a free flow of energy and information. In SCT, modifying roles is a central method by which SCT patients get therapy.

#### *Reference*

Festinger, L. (1957). *A theory of cognitive dissonance*. Stanford, CA: Stanford University Press.

# THEORY, RESEARCH AND APPLICATION

## DEVELOPMENTAL BRAIN PERSPECTIVE ON JOINING IN FUNCTIONAL SUBGROUPING

### Introduction

This article is written using terms from both neurobiology and systems-centered ideas. It begins with an introduction by Yvonne Agazarian, who has been extremely helpful in bridging neuro-affective concepts into SCT.

Yvonne Agazarian: "It may be helpful to recognize that SCT assumes that all systems in a hierarchy of systems come in threes. Each contains: the person system, the member system and the system-as-a-whole. Also, as all systems in a defined hierarchy of systems are isomorphic (similar in structure and function) each one of the three systems is themselves a system of three: person, member, system-as-a-whole. Thus the person system develops membership in itself with the goals of survival, development and transformation. The same is true for the member system (the subgroup system) and the system-as-a-whole.

"Becoming a 'member of our person' is a basic developmental step, and separates the part of all of us that takes things just personally (a non-functional role) and the part of us that develops responsible membership in our development (functional roles). SCT calls this 'joining yourself.' Personalizing roles have closed boundaries and are out of the current context. Personal member roles have boundaries that are permeable to both personal contexts and social context, and thus energy and information flows throughout the system hierarchy.

"SCT introduces a new variable into the process of influencing groups: the variable of functional subgrouping. Functional subgrouping is designed to potentiate the energy flow by recognizing and integrating discriminations of differences, a direction opposite to the human tendency to close boundaries against differences and scapegoat them. The first step in functional subgrouping is joining. This article begins here, marrying neurobiology (Bentzen) and SCT, and builds on the Theory of Living Human Systems (Agazarian, 1997)."

One of the facts of joining that is sometimes overlooked, is that to be able to properly join another in a subgroup you must first join yourself – and that means all the active inner subgroups of yourself rather than just some of them. Joining yourself means noticing the different streams of inner dialogue (inner subgroups) and being empathic with all of them, kind to all them, which requires that you don't take them personally and don't ignore them. This empathic, kind attitude acknowledges them gently and is a mature function of the self that allows a maximum amount of life energy to be brought into the member system.

This article explores neuro-affective development in relationship to self-joining, its failures and its repairs. The reference used throughout is Susan Hart's, *Attachment, Personality and the Brain* (2008) in which decades of child and

brain research is collected and summarized.

### Neuro-affective Developmental Stages of Self-Joining

Increases in maturity always mean some increase in 1) charge, 2) containment capacity/flexibility and 3) complexity.

The basic neuro-affective rule of **functional development** is this: *Each new level encompasses and controls the level below it, and adds new functions and options.* Examples of this are given in the following developmental outline leading to self-joining.

Developmentally, we go through the following stages to get to mature self-joining:

1) As newborn infants we connect through somatic resonance and curiosity: we mirror movements and adapt to the somatic rhythms of others. When our caregivers respond appropriately to our somatic signals and arousal levels, we discover a sense of joining, belonging and joy that comes with shared experience, discovery and gratified needs. This is vital to the development of the primitive, autonomic and somato-sensory brain.

2) As the brain develops during the early months of life (approximately 0-12 months), inner somatic experience blooms into a dimension of feeling, emotion and interpersonal play, as well as an exploration of the physical world and the predictable patterns of everyday life. This process links the somatic and autonomic level with the mammalian limbic system; often called the motivational system or the emotional system. Attunement, nurture and shared excitement is shaped in non-verbal exchanges; and in fact all later verbal interaction grows out of the somatic-emotional foundation of these first two steps.

3) The next part of the brain to come "on-line" and wire into the system is the right orbitofrontal cortex (online between 8 and 18 months). This part of the brain creates inner maps of interaction. One of these non-verbal inner maps might have the following cue: "me-with-mom-playing-happy." These mappings are subconscious, they are made up of generalized experiences of interaction, and they determine how we interpret the world.

4) The right orbitofrontal cortex is also really important in terms of excitement and inhibition. In its earliest stage of maturation (8-12 months) it brings shared excitement and action to new heights. In the wake of this development it gains the ability to inhibit excitation in two ways:

- a) By self-soothing, as in "I'm alone right now but I have this internal sense of mom, so it's going to be OK."
- b) By ending both the excitement and the activity when the caregiver says "No." It does this by activating a collapse response in the autonomic nervous system, so the internal state change feels pretty drastic: "All the good feelings

went away and I feel awful!” (At 10 months, researchers have found that around 90% of parent-child interaction is harmonious. At 18 months, research found that the child is met with a “No” approximately every 9 minutes throughout the day (Schore, 1996). Despite the awful feeling, this is a good and important step in maturation. All higher mammals develop this ability to be inhibited by others’ disapproval or command. It is probably necessary for social living.

5) Next, starting at around 18 months, the left prefrontal cortex and language enter the scene. This is such a fascinating expansion of consciousness that the toddler gets completely caught up in words and the things that words describe; which are mostly “out there.” Also, the left prefrontal cortex activates an optimistic emotional tone, while the right orbitofrontal cortex has a more fearful one. Ideally, the toddler now links the right orbitofrontal cortex self-soothing with the social “no.” As the finer discrimination and more delicate control of the left pre-frontal cortex develops, the toddler learns to soften the inhibitory response in the right orbitofrontal cortex so it becomes more self-friendly. “I can stop fiddling with the TV and do something else – instead of collapsing to the floor with a wail.” (Interestingly, empathy towards others develops around the same age, which is 18-24 months.) With practice, it becomes possible for the toddler to “turn down the volume” on excitement and shift activity without collapsing and feeling awful. The toddler is now beginning to be able to stop his or her socially unacceptable impulses without emotional distress, and direct his or her energy in more functional directions. He or she is developing an early form of self-containment. *This is the first real developmental foundation for the self-join.*

This inner, friendly self-containment allows the toddler – and the rest of us – to care-take and direct our life energy towards other pursuits instead of wasting it in internal struggles, splits and tantrums. In SCT, this ability to direct energy is necessary to establish a member role. The foundation of internalizing self-containment belongs to the first wave of brain development. The second wave of brain development, starting around 3 years of age and lasting into our mid-twenties, endlessly repeats and refines these steps in increasingly complex life situations. Most of these refinements are huge advances in our ability to discriminate and make conscious choices. To name a few: a sense of the balance between the attention I and my subgroup are getting / others are getting; noticing the core subject in a subgroup (inner or outer), rather than a peripheral statement; knowing the difference between joining and building on that core, rather than joining and then jumping to something else; recognizing the difference between the personalizing system (or non-functional inner story line) and the functional person and member systems. All of these steps require a deeper development of our capacity to observe our inner and outer environment and to make fine discriminations. These steps require practice and refinement throughout the developmental life stages in ever more complex contexts.

Obviously, some of these first-wave steps are more

primitive than others. It is important to understand that primitive does not mean inferior, it means primary! We need all our primitive functions for the self-join, just as we need all the steps on a staircase.

Breathing is a good example of a primitive system. We have all practiced breathing for months before birth, for the very good reason that it has to be pretty much perfect by the time we are born. None of us have outgrown breathing, either. It is not an inferior or regressive activity. It happens by itself. It is controlled by the subconscious. You can't completely control your breathing consciously, but you can influence it. The most effective way to integrate this primitive function in consciousness is by joining with the impulse flow of breathing. If we are interested and gentle with our breathing impulses we may discover that this changes and supports a deeper integration of our experience, a better “fit” between the conscious and subconscious control centers in the brain. We work best with primitive systems by joining them.

### **Partial and Immature Stages of Self-joining**

Most of us don't have a well-developed capacity for joining ourselves. Childhood difficulties aside, this is because self-joining requires a number of specific steps of maturation, and some of them are not yet a normal part of personality development in our society.

As an anonymous letter to the editor in *Sun Magazine*, 2002, put it: “Deepening my awareness is a challenge. It isn't a challenge because my parents didn't love me enough. It's a challenge because it's a challenge. I don't need to take it personally.”

The most common failure in self-joining occurs when you split your inner person system from the member system inside your person system (see introduction). This weakens your presence in the group, because only a part of you – usually the part with less free life energy – is working. The part that's present and working may look good, but it doesn't have much depth, can't learn much and it certainly can't join with any strength. The rest of your life energy is busy escaping or withdrawing into stuck or painful places in some hidden personal map. SCT calls these “non-functional, personalizing roles.” In personalizing roles we can notice split off inner dialogues such as: “This is so boring, I'd rather be exploring the town/having fun with my friends/playing with my children/reading a book” or “I am the only person in this whole group that is feeling this awful so I have to hide!!” We all have certain favorite roles in the split off closet.

In the brain, this experience usually corresponds to a split – an information block – between the left prefrontal cortex, where the conscious self resides, and the right prefrontal cortex, which is largely preconscious and manages all our emotional and somatic experiences of self and the world (Hart, 2008). All information about our emotional life comes from the right prefrontal cortex to the left prefrontal cortex where the conscious self resides. It is actually an important developmental task to get a good flow in this connection. The larger left prefrontal cortex is quite new in evolutionary terms, and the wiring between it and the right one is weaker than the wiring between older brain structures. The only way to

strengthen the wiring is to use it.

So when you find yourself in the situation where your personal system is active, but split off from your functional person system, you probably have a split between the right and left prefrontal cortex. The left prefrontal is in control of your actions, but the right prefrontal and limbic system have the life energy.

Another common failure is to act-out. We still have a right-left prefrontal cortex split, but now the rationally-oriented left prefrontal cortex has lost the driver's seat, and the right prefrontal cortex and the limbic system are in control of your actions. You act, but you're not thinking (clearly). *In one type of scenario this means outbursts or arguments.*

In brain terms, this generally happens when the left prefrontal cortex control is overridden by the emotional limbic system and right prefrontal cortex. The emotional limbic system and its subconscious assumptions about contact are in control of your experiences and actions.

Alternatively, you may find yourself acting out in a kind of not-quite-conscious civil disobedience. An example of this is when subgrouping becomes non-functional, often when using aggressive/sadistic impulses or images as content. Instead of exploring and moving to the edge of the unknown, the joins and builds keep circling inside closed boundaries, with no completion and no real new discoveries happening. There is energy available, but it doesn't develop and transform, it is subtly fixed in survival.

In brain terms, we still have the right prefrontal cortex/limbic system overriding the left prefrontal cortex. In addition, there is also often a conflict between the excitatory and the inhibitory neural pathways inside the right orbitofrontal cortex (a deeper part of the right prefrontal cortex). Remember, this is still in the preconscious. It is an underlying conflict between "stop" and "go," a kind of "I want to – I don't," "Now we're getting somewhere – no, we're not" feeling.

These ways of dealing with the inner and outer world are breakdowns in functional development, and can be described as **functional regressions**. They are natural steps in the developing consciousness of the child. They occur in the adult when the newer and higher level of the brain loses (or never establishes) containment and control of the more primitive levels. In these cases, the higher brain functions go on their merry way without access to the life energy, or get invaded and controlled by primitive impulses.

Unfortunately, the most common and least useful response we have when we discover that we are doing something non-functional, is to try to stop doing it immediately. This doesn't work very well, partly because the protective strategies are executed in the unconscious or preconscious mind, and partly because they are breakdowns in mature function. You can't "stop" your way to maturity, although you may have to "stop and listen" to get a sense of what to do next.

The functional solution is to get interested in your inner subgroups, and to join the active voices or elements in yourself. After this self-join is established, turn towards the group or therapy issue or world from that place. This is bringing the containing and task-oriented thinking brain (prefrontal cortex) into relationship with the a verbal feeling

(limbic) and sensing (somatic/autonomic) parts of yourself. When you do that, the higher neocortical level encompasses and controls the lower levels, which is the developmental goal of maturation.

### **Building a Good Self-Join**

A proper self-join requires two things. The first is interest in and resonance with what is happening inside you at the three levels of body sensations, feelings and thoughts. The other is dis-identification: You are not your feelings, thoughts, actions, body-sensations. You are the one who experiences them, and that gives you the ability to be empathic with the part of yourself that is sad, or that is enraged or sadistic, or that just got dropped, or whatever. The brain has the capacity to develop this around the age of 7, but unfortunately it is not yet part of general personality development in our society.

Peter Fonagy (2005), a modern psychoanalyst and expert on prefrontal function and borderline treatment, calls this mixture "marked response" or "marked resonance," and stresses its importance in healthy ego development. You're resonant, but not identified, with the feelings of others and yourself.

Good self-joining is practice in being empathic with yourself while insisting on appropriate internal and external behavior. It is the lifelong project of giving yourself a good upbringing. It is central to the process of functional subgrouping. It strengthens the communication between your right and left prefrontal cortex.

Through psychotherapy and popular self-development most of us have experimented with taking care of the "inner child" when it is hurt or fearful. This is a good beginning. Typical next steps involve marked resonance with the over-excited or enchanted, narcissistic inner subsystems or roles, and with the sadistic, retaliatory, morally indignant or arrogant subsystems. These steps are not well known. These are the experiences that SCT is currently encouraging subgroups to discover and explore.

As a therapist or group leader or group member or even as a single breathing, living, human system, I need to compassionately contain the subsystem in me that sometimes wants to attack a client, a group member, the leader, or another subsystem in myself. I need to be empathic with the inner attacker, not just with the inner or outer victim. In fact, it gets a lot easier to be compassionate with the irritating other if I first spend some time being compassionate with the part of me that is going nuts with frustration and STILL has to behave appropriately.

The following exercises are outlines for new protocols that Yvonne Agazarian will be developing for SCT. They train the connections between the verbalizing, self-aware left prefrontal cortex and the emotional and somatic information organized in the right orbitofrontal cortex, and will help balance some of the innate splitting tendencies mentioned above.

### **Basic Exercise for Self-Joining**

- 1) Get curious about your inner dialogue.
- 2) Explore it until you have all the main subsystems or non-functional roles, paying special attention to competing inner roles or subgroups or feelings, such as identified

patient/helper, scapegoat/scapegoater, anger/fear/sadness or know-it-all/dunce.

3) Deepen your sense of the main roles until you experience the sensations, arousal level, emotions and thoughts for each.

4) Go to a space inside yourself where you can explore compassionately holding all the different non-functional roles. Give special attention to the ones you usually ignore (most of us are very unkind to the inner critic, gremlin, judge or bully).

5) Return your attention to the situation you are in and see if anything feels different.

### Short Self-Compassion Exercise

- 1) Center and find your curiosity.
- 2) Look around inside for the strongest inappropriate impulse you have right now.
- 3) Invoke an enfolding empathy that matches the strength of the impulse.

### Long Self-Compassion Exercise:

Many people have trouble feeling compassion for themselves. This is a matter of practice; we are trained to feel it for others, so we need to practice turning it inwards, too.

- 1) Think of someone you love, and a situation where you felt it strongly.
- 2) Feel your heart area.
- 3) Shift focus from the person to the feeling and sensations.
- 4) Repeat with one or two more loved ones.
- 5) Bring the two or three heart-feelings into your awareness at the same time. If that's too difficult, let your awareness shift between them.
- 6) Direct this heart feeling towards any part of you that you are experiencing difficulties with, paying special attention to the ones you tend to overlook.
- 7) If the feeling wanes, go back to one or more of the people you love and build it again.

(This last exercise is adapted from exercises given by my Danish meditation teacher Dr. Phil. Jes Bertelsen in workshops (2005-present)).

When the actions of other people trigger a negative response in us, we tend to try to override our frustration and become more accepting of the other (which obviously never works!). With this approach we will instead try to be more compassionate with our own frustration and then with the other as well.

-Marianne Bentzen ([mariannebentzen@mac.com](mailto:mariannebentzen@mac.com))

### References:

- Agazarian, Y.M. (1997). *System-centered therapy for groups*. London: Karnac.
- Bentzen, M. (in press). Shapes of Experience. In G. Marlock & H. Weiss (Eds.), *Handbook of Bodypsychotherapy*. German edition (2006). Forman der erlebens. In Shattauer & Stuttgart (Eds.), *Handbuch der Körpertherapie*.
- Fonagy, P., Gyorgy G., Elliot L., Juris, E. & Target, M. (2005). *Affect regulation, mentalization and the development of the Self*. Target Self-Publish.

Hart, S. (2008). *Attachment, personality and the brain*. London: Karnac.

Schore, A. (1994). *Affect regulation and the origin of the self. The neurobiology of emotional development*. Hillsdale, NJ & England: Lawrence Erlbaum Associates.

## COUPLES TREATMENT

---

A next step in the development of SCT has led to the formation of the Couples Consultation Group. This group started with a desire to learn more about applying SCT in paired or couple relationships. The group hired Susan Gantt as a consultant and has been meeting monthly on the telephone for almost a year. As we learn to adapt our SCT skills to couples treatment, we discovered a wish to share our enthusiasm and offer the larger system a glimpse of our work and our learning.

### Beginning SCT Couples Work

SCT work with couples begins by building awareness that there are aspects of the couple system that are satisfying and aspects that are not. To illustrate this and to start the work of making discriminations, the couple is asked to rank order from most to least satisfying, how they are doing together in the following subsystems: their business subsystem (goal is to manage the business of the system and to get the work of the partnership done); their parenting subsystem, if indicated, (goal is to bring children into the world and develop them into adults that take up their citizenship in the world); their intimacy subsystem (goal is to have sexual or sensual pleasure and intimate connection); and their interpersonal subsystem (goal is be most fully themselves). We have been surprised how often couples will rank order the systems similarly, especially the most and least satisfying. Most couples find that making this discrimination, particularly identifying and noticing the successful parts of their relationship, is relieving and encourages them to continue meeting and working on their system development.

Work to reduce the hierarchy of defenses is started in the subsystem that they rank the most satisfying. This is counter-intuitive for most couples, who immediately want to start talking about the areas of their relationship that are distressing and dissatisfying. By doing this, the SCT or systems-oriented therapist has an opportunity to teach the couple about system development. In SCT we start with what is easy and progress to what is less easy and learn how to build on successes. This also builds the system of therapist and couple.

### Working with Defenses

As anxiety in the system mounts, the partners are pulled to the future of *what could be* or *what if* and lose the data of *what is*. SCT treatment trains the couple to test reality here-and-now, in the present. The therapist uses specific skills to help the client modify defensive symptoms and facilitate exploration. Reducing anxiety in the couple system creates a favorable climate for conflict resolution.

Intensified defenses are found in role locks. In couples, role locks are matched and the couple can continue forever so communications become noisy and messages are lost. The

pull to the person system is strong.

Another useful measure is to watch the arousal level in each individual. Since individuals vary in their prevailing arousal levels, a metaphor that offers a simple image is the idea that each person has a receptacle that contains frustration. For couples in survival mode the suggestion might be that, in the absence of conflict, the baseline “fill” level is around what level? However, when conflicts escalate, the fill level rises to, let’s say, 7/8, and it takes much less input to overflow. We introduce the idea of containing impulses as the system works to stay in member role.

The couple system can regulate arousal by monitoring the energy input and “receptacle overflow” that accompanies surges in frustration. As they develop awareness of these signals in the system, members can apply centering strategies and mindfulness such as: “Be sure I’m breathing, ground myself, and remember I have a choice about overflowing or not.” With training, the data pointing to escalating frustration can be detected in time to look for forks-in-the-road and find curiosity. The couple learns they can choose to use their skills to contain the pull to their “person systems” and join on similarities.

In summary, our Couples Consultation Group is learning to use SCT theory and methods with couple systems in distress. Refining our skills and exploring ways to reduce the restraining forces in the therapist’s system, as well as in the couple system, has been a driving force. We welcome interested new members.

*-Elaine Dinitz (elainedin@aol.com),  
Ken Frontman (drken@kennethfrontman.com),  
Joy Luther (joyluthersoffice@gmail.com),  
Neil Snipes (snipesacp@yahoo.com)*

## **THE MEETING OF TWO META- THEORIES - A SYSTEMS-CENTERED DISCUSSION OF KEN WILBER’S INTEGRAL MODEL**

### **Introduction**

Ken Wilber is a modern philosopher and theoretician who has had a profound impact on many areas of human inquiry, including psychotherapy, organizational development, education, medicine, science, art and spiritual practice. Recently he has consolidated his ideas into a simple and useful model he calls the Integral Model (Wilber, 2005). Like SCT, the Integral Model is a meta-theory that is applicable to every area of human discourse. Ken often compares the Integral Model to a set of software to run the hardware of human knowledge. This article will present a basic introduction to the Integral Model.

Understanding the Integral Model may help us think about theoretical and practical problems with greater facility and lead to surprising and elegant insights. Combining one meta-theory with another (SCT and the Integral Model) may also be useful to help us to think in different and more skillful ways when helping an individual, a group or an organization find the most direct path to a goal.

In systems-centered terms, the Integral Model offers a

structure that boundaries all of the major categories of human knowledge in ways that encourage an optimal flow of energy and information. The goal of providing such a clear structure is to potentiate the growth of human understanding as a whole as well as to cross-fertilize the information held in specialized areas of knowledge. By applying the Integral Model we may examine any phenomena in a holistic way without reducing our perspective to the insights of any one position or theory. As such, it serves as an antidote to the universal human tendency to think about problems from the reified assumptions of one particular knowledge base.

### **Quadrants**

Wilber began developing his theory from the position that everyone has a piece of the truth. No perspective, theory or philosophy is “wrong.” From his perspective, the important thing is to map the underlying assumptions and trace the data stream that is informing a particular conclusion. The search for “truth” is a relative endeavor that yields greater results as we are able to integrate more complete streams of information. Thus the blind man who, after feeling an elephant’s trunk, describes an elephant as a sinuous creature like a snake with two blow holes at its extremity, is absolutely correct within the limitations of the information that is available to him.

As we ascend the ladder of human knowledge to greater heights, our inquiry into phenomena begins to group itself into categories. By practicing the perspective of the observer with greater degrees of subtlety, we learn to avoid the reductionism of our unexamined assumptions. By examining each of the major historical fields of inquiry and integrating the information that is available in each field, we can create a more complete picture of the most up to date, human understanding of any problem.

Wilber begins by observing that the history of philosophy is divided into the fields of Aesthetics, Ethics and Science. Another way of talking about this is the inquiry into the Beautiful, the True, and the Good. Aesthetics has to do with deepening our understanding of our subjective responses to outer and inner events. Ethics has to do with developing the most skillful approach to relationships between people. Science has to do with the objective measurement of phenomena.

Out of these basic observations, Wilber developed his first structure. He calls this the Quadrants. This translates into the subjective, the inter-subjective, the objective and the inter-objective dimensions of phenomena. To make this easier to understand, Wilber uses the perspective of four pronouns: I, We, It, and Its. We may notice here that Wilber has taken the quadrant of science, objective truth, and split it in two. The reason for this is to discriminate between the study of objects in themselves’ and the interrelationships of systems of objects.

Let us go a little deeper into this idea of the four quadrants as they exist in human beings.

The first quadrant of subjectivity is focused on the study of our psychological self and the phenomena of consciousness itself. This is the world of our inner intentions. This world has objective scientific correlates in the study of our neurobiology, however it can never be reduced to chemistry. In other words simply replicating the neurobiological state of the Dalai Lama

will not give you the philosophical depth and compassion of the Dalai Lama.

The second quadrant of inter-subjectivity refers to the study of culture and world view. The culture and world view of a particular society is composed of the collective experience of many people. The culture and world view of a particular society is ruled by certain fundamental assumptions and norms that form the atmosphere of that society. For example the fundamental assumptions of a shamanistic culture are profoundly different than the assumptions of a rational-scientific culture. A shaman's perspective on illness will be radically different from a physician's. The world view, or cultural lens through which we view "reality," has tremendous implications both on what we are actually able to see and the choices that we make in terms of how we interact with our environment.

The third quadrant of objectivity refers to the scientific study of our biology and the various organic states of wellness and disease, etc. This quadrant has been deeply celebrated by modern science. In some scientific circles there is a temptation to reduce the truths of both the subjective and the inter-subjective quadrants to the truths of science. This type of reductionism is an error which is extremely important to avoid. (Reductionism is the tendency to reduce differences in theories and ideas to a single unifying principle.) Although it is very clear that all subjective states have objective correlates, they are clearly describing different dimensions of the same phenomena and one is not equivalent to the other. For example, observing the chemical correlates for depression in someone's brain will tell you nothing about the life experience of that person.

The fourth quadrant, of inter-objectivity refers to the objective study of the social and behavioral systems that support a culture. For example the inter-objective systems of an agrarian society are extremely different than the inter-objective systems of an industrial society or an informational society. These quantum leaps in the way that human beings organize themselves and survive collectively have tremendous ramifications on all dimensions of our experience. One need only imagine what our world would be like without electricity or telephones or a democratic government to understand the powerful ramifications of the inter-objective quadrant on humanity.

Applying this structure, we learn to observe every phenomena from its' subjectivity, the pronoun "I", its inter-subjectivity, the pronoun "We," its objective dimension as a separate thing in itself (It), and its inter-objective dimension as a thing that lives in the context of other things (Its). Let us very briefly look at two examples in human beings to make this more real.

The first example is cancer. A major illness such as cancer is at once a subjective experience, an inter-subjective experience that is interpreted through the world view of a particular culture, an objective experience that exists inside of an individual human system, and an inter-objective experience that exists in the context of many social systems (medical hospitals, social services, information technologies, toxic industrial waste dumps, public policy debate, etc.). Each of

these perspectives holds a facet of the "truth" of the phenomena we call "cancer." No one of these perspectives holds the "whole truth." Indeed, inside of each quadrant we will experience the same phenomena in a radically different way. By looking at each of these dimensions without reductionism, we gain a rounder, more complete understanding.

Another example is the experience of anxiety. Again, it is easy, though perhaps not immediately apparent, that anxiety is a subjective experience, an inter-subjective experience influenced by someone's world view and cultural norms, an objective neurobiological state, and an inter-objective phenomenon that is affected by the social systems that support our lives. If we reduce anxiety to any one of these dimensions we will have a limited view of it as a phenomenon.

Because anxiety is one of the phenomena that SCT is extremely interested in treating, let us look a little deeper into how anxiety shows up in each of the four quadrants. Looking at anxiety in this way can help us to discover a blind spot in the way that SCT treats anxiety.

Thinking about anxiety as it appears in each of these quadrants helps us to intervene appropriately. SCT recognizes this when it encourages someone to undo the cognitive distortions that may be the source of anxiety (subjective), to undo a mind read that may be causing anxiety (inter-subjective), or to undo the anxious tension (biological -objective quadrant) that may be covering over a deeper emotional experience, and to reality test the resources of our social systems (inter-objective). In my opinion, SCT might extend its understanding of anxiety in the objective quadrant by discriminating between anxiety that has a primarily neurological origin, as in the case of panic disorder, which cannot be easily modified by non-medical, cognitive, or behavioral interventions, and other forms of anxiety. Because our attention is so trained on what we already know about anxiety, and because we are so often effective in treating anxiety with the tools that we have, we can miss this critical discrimination.

In a panic disorder, current scientific research suggests that the biological underpinnings of this experience are an unpredictable firing of the amygdala which then creates a whole cascade of neurobiological events (Gorman, Kent, Sullivan & Coplan, 2000). This firing can often be traced to some traumatic event, but once it begins, it can continue without apparent external environmental triggers. It can also be caused by exhaustion, hormonal imbalances, malnutrition and other purely biological factors (Ross, 2002). In my experience this symptom is not so easily modified by undoing one's negative predictions, relaxing one's tension, or sitting at the edge of the unknown with curiosity and apprehension. Although these practices can certainly help someone to master the experience of panic, medication, supplements, herbs, acupuncture and other biological interventions to balance and strengthen the nervous system may be critical in helping a patient to regain a sense of emotional well being. The common error that we have made is that when all that we have is a hammer, every problem can begin to look like a nail. This is of course equally true when a medical doctor tries to find a biological solution to anxiety which has a primarily

psychological or behavioral origin.

There is one last thing to note about the quadrants before we move on. From a systems-centered perspective, the location of the boundaries that separate one thing from another is to some degree arbitrary. This is a crucial understanding in SCT which is also resonant with Wilber's model. "Everything exists in the context of the system of above it and is the context for the system below it" (Agazarian, 1997). Where we draw a boundary around a phenomena is determined by the goal of our inquiry and which level of the hierarchy of systems we are focusing our intervention. Both SCT and Wilber call this the principle of hierarchy (Wilber, 1996). Interestingly, Wilber also subscribes to the general systems theory of isomorphy, which he calls the *holographic nature of reality* (Wilber, 1996, 1992).

### Lines of Development

The next observation that Wilber made is that within each of these quadrants exist lines of development. Lines of development exist both for the quadrant-as-a-whole and for individual human beings as they show up inside the context of each quadrant. Lines of development for individuals' form that individuals' "psychograph" which can be tracked inside of the context of each of the quadrants. Some examples of lines of development in individuals are cognitive, social, emotional, biological and moral development. Lines of development for the quadrant-as-a-whole form the context inside of which each individual line develops.

Wilber has spent a great deal of time studying maps of the lines of development for each quadrant-as-a-whole. Because this study is quite complex, in this article I will only mark these maps in the broadest of brush strokes.

In the first quadrant of Consciousness and Self (the perspective of "I"), Wilber maps a line of development that moves from the archaic and instinctual level of consciousness through the transpersonal level. Wilber tracks seven levels or stages in this line of development that form the broad context for each individual's development. Wilber defines the levels of individual development, from the simplest to most complex as: *archaic/instinctual, egocentric/magical, conformist/mythic, rational/formal, pluralistic, integral, and transpersonal* (Wilber, 2005). For example, an individual may be living at a rational level of development in terms of his or her consciousness as a whole and inside of that have different levels of development in the lines of moral, cognitive, athletic, creative or emotional development.

The second quadrant of Culture and Worldview (the perspective of "We"), tracks the same stages of consciousness as they map onto the worldview of an entire culture. Wilber defines the stages of cultural development, from simplest to most complex, as: *archaic, magic, mythic, rational/scientific, pluralistic, integral and transpersonal* (Wilber, 2005). It is possible that an individual might have a higher or lower level of development than the dominant culture that he is living in. It is also possible that broad sections of a society may be living at different stages of cultural development. For example, currently in our society, there is a "culture war" between people who hold a basically mythic worldview, which might be represented by religious fundamentalism, and those that hold a

rational/ scientific worldview.

Cultures may also have different levels of development in different lines. For example a particular culture might emphasize musical development, another mathematical development, or perhaps athleticism. This forms the "psychograph" of the culture.

The third quadrant, Brain and Organism, maps the development of various organic states and the neurobiological structures that undergird human development in an objective, scientific way. Each particular line of development (cognitive, moral, creative, etc.) has correlates within this quadrant. We are also learning how to track the stages of consciousness development from the archaic and instinctual to the transpersonal in this quadrant. Without the basic neurobiological development to support different lines of development, individual human beings and groups of human beings will face tremendous challenges. Solving human problems often entails a deep technical and medical understanding of the inter-relationships between challenges in a particular line of development as it appears in quadrant one or two and its correlates in quadrant three.

The fourth quadrant, the Social System and Environment, tracks the development of the various social systems as they develop through the stages of foraging, horticultural, agrarian, industrial, and informational societies. The development of each of these social systems forms the larger support network for the lines of development in individuals and cultures.

Now let us look at the lines of development as they exist in individuals. Wilber calls the overall picture of a given individual's developmental lines, their individual "psychograph." An individual may be highly developed in certain lines and much undeveloped in others.

For the purposes of illustration, let us look at the line of moral development using Carol Gilligan's research into the development of our capacity to care (Gilligan, 1982). Gilligan noticed that our capacity to care develops in three distinct stages. The first is our capacity to care for our individual concerns and goals, the second is our capacity to care for our family, ethnic or cultural group, and the third is our capacity for universal care, i.e. to care for the highest good of all concerned. These three stages can also be tracked within each of the quadrants. For example, Dan Siegel is studying the neurobiological dimensions of care and compassion (Siegel, 2007).

It is interesting to notice that this progression in our capacity to care requires a certain level of cognitive development, as it is impossible to reach either the second or third level of care without being able to think symbolically. We can also notice that it takes a greater capacity for abstract thinking to reach the third stage than it does the second, as our care for our immediate group can be a rather visceral experience. However, it is fascinating to notice that the interdependence of these two lines does not extend in the other direction. In other words, a person can achieve a very high level of cognitive development and have a capacity for care that is deeply stuck in stage two, or possibly even in stage one. For example, a terrorist might have the cognitive capacity to create an atomic bomb! This observation clearly has tremendous

ramifications for our current world conflicts.

The interdependence of some lines of development on each other and the relative autonomy of many others can help us understand a great deal about human behavior. It is fairly commonplace to observe in others and in ourselves a high degree of development in one line and a low degree in another. A professional ice skater may be greatly challenged in her capacity to understand higher mathematics. A person with great emotional empathy may be under developed musically. A spiritual teacher may not know the first thing about changing the oil in her car.

To some degree, this unevenness in development is normal and may even stem from genetic and biological tendencies. However, if there is too great a discrepancy in development between lines, it may limit our potential in significant ways. Knowing which line is undeveloped in an individual, a group, or society can help one to intervene appropriately to release the innate exploratory drive in that particular direction.

A somewhat commonplace example of this is the highly competitive CEO who has tremendous leadership capacity but a poorly developed capacity for empathy. Such a person might call upon a consultant to help him understand why morale in his company has fallen and what he can do to create a sense of trust and loyalty amongst his employees. This would involve helping him to develop his emotional intelligence to balance out his overly developed drive and ambition.

Placing a line of development inside each of the four quadrants deepens our understanding of the particular impasse that is being worked through and may yield insights about the particular intervention strategy that will be most effective. For example delayed development in someone's emotional intelligence may have a subjective, inter-subjective, objective or inter-objective cause, or major roots in only two quadrants and only minor roots in the other two. The question always is what is the most skillful intervention that will release the flow of energy and information so that the life force can move forward. In other words, what is the most direct path to the goal?

### **Stages**

A further discrimination which Wilber makes in his discussion of lines of development is the stages of development that exist within each line. This concept has been implicit in our previous discussion. Wilber defines a stage as a developmental movement within a line that creates a permanent shift inside of that line. Each stage of development is absolutely dependant on the stage before it. We cannot skip stages. We may have glimpses of a higher stage than our own, but before we can stabilize ourselves at the new level, we must master the level before it.

A relatively clear illustration of this idea can be found in language development. Before we can form a word we have to master the capacity to speak the particular syllables that form the basic building blocks of the word. Before we can speak a sentence we must be able to speak the words that comprise the building blocks of the sentence. Before we can speak a paragraph we must be able to string together the sentences in a way that is coherent. This developmental process can never go

in the opposite direction. Each stage is absolutely dependant on the stage that comes before it. SCT recognizes this phenomenon in groups when it delineates the three phases of systems development. Phenomenologically, SCT has observed that a system cannot manage the restraining forces in the third phase of system development, Love, Work and Play, until it has successfully mastered the defenses in the Authority and Intimacy phases.

### **Three States, Three "Bodies"**

Wilber distinguishes Stages of development from "states of awareness." Wilber observes that all of the great mystical traditions divide human awareness into three great states. Many traditions subdivide these states, however for the purposes of simplicity; he has found it useful to stick to three.

The three states are waking, which correlates with our physical bodies, dreaming, which correlates with our subtle or energetic bodies, and deep dreamless sleep, which correlates with the experience of pure, content less presence. All human experience occurs in one of these three great states. In many spiritual practices, these three states are literally seen as three separate bodies, each holding a different dimension of human awareness.

These three states are experienced all of the time regardless of how developed a human being is and at every stage of every line of development. However, the subjective interpretation of any one of these states is totally dependant on the particular level of a person's or a society's development in the quadrant of culture and world view. In other words our assumptions about the nature of reality create a radically different interpretation of our experiences in each of these states. Let us examine this idea a little more deeply.

Many sociologists and anthropologists have studied the development of culture and world view. Without going into the way that different theorists talk about the stages of cultural development in depth, let us focus on two particular stages that are relevant for our cultural development in modern times, and look at how a spiritual experience might be interpreted from each of these stages. The spiritual experience itself might originate in any of the three great states. The first world view, originating in a mythic understanding of reality, will interpret spiritual experiences in a literal way. The second world view originating in a rational-scientific world view, will interpret these same experiences metaphorically.

The scriptures of all of the world's major religions are a record of powerful spiritual experiences. For example, a mythic perspective on the book of Genesis would lead to an understanding that God literally created the universe in six days. A rational scientific interpretation would lead to a metaphorical interpretation that each of these six days represents vast epochs of archeological time. The gulf between these two world views is immense and the ramifications of the culture war between them are huge.

### **Non-Dual Awareness**

There is also a fourth state that Wilber emphasizes, which is really a combination of the first three. This is the state of non-dual awareness.

Non-dual awareness (literally meaning “not two”) is the state in which we overcome the subject-object structure of consciousness altogether and experience life as a continuous stream of awareness that moves through all three states without any breaks. The progression towards this state is generally made by deeply cultivating the *inner witness*. As the inner witness separates from all of the identifications and conditioning that has formed the roles and strategies that we have used to master our life experience, consciousness begins to stabilize in an individuated position of pure awareness or pure presence. This is essentially the same as the experience that we all have in deep dreamless sleep, with a crucial difference: we are not unconscious! Our bodies may be asleep, (or not) however, our consciousness is fully awake and present, with no content, no subject, and no object.

But this is not the end of the story. In the final phase, we return to everything that we normally experience in the subject/object world. The difference is that we are not attached to any of the roles or strategies that formerly have made up what we call our identity. All of these strategies and patterns are still available to us; however we use them only when they are adaptive to a particular situation and without any trace of compulsion, habit or attachment. In this state our exploratory drive is totally free from conditioning. We have radically overcome our self-centeredness and feel at one with the evolutionary movement of the life force as it is expressing itself in whatever context we find ourselves. In this state we work unselfishly to fulfill these evolutionary goals without blocks. The classic formula in Taoism to describe this development of consciousness is that we cultivate our physical vitality, sexual energy, or Jing, into Ch’i or the energy of relationship and exchange, which we then cultivate into spirit (Shen) the energy of pure presence, emptiness or the void, and then we shatter the void and return to the Tao (all that is). Other traditions have different ways of describing this development of consciousness. In other words to truly live in a state of non-dual awareness we have to give up our attachment to everything, including the non-dual state itself!

The state of non-dual awareness is particularly relevant for SCT as it delineates, in different language, a developmental goal that is implicit in systems-centered practice. This is a deep and radical transformation of the root of suffering, which in systems-centered practice, is self-centeredness (Agazarian, 1997). As we overcome self-centeredness, we dis-identify from our maladaptive roles, and with freedom and great access to life force and creativity, take up adaptive roles in the service of the goals of the present context.

## Types

There is one final category in Wilber’s Integral Model. This is the category of Types. All types originate in the movement of consciousness from pure undifferentiated life force, into some form of individuation. The first movement is therefore the movement into the fundamental types of male and female. Without this fundamental polarity, there is no creation, no vital charge that perpetuates the human race. From these fundamental two types, or yin and yang, come all of the other types, strategies or roles that we have developed as human

beings. In SCT, types are equivalent to the roles that emerge out of the undifferentiated life force as soon as we become a member of any context.

There are many “typing” systems that have contributed relevant information to our understanding of human identity. Some examples are the Enneagram, Meyers Briggs, Carl Jung’s Archetypes, and the DSM IV. Again, SCT would understand types as the various roles that emerge in response to the different contexts of our lives. Similar to SCT, Wilber is concerned that types are not acted out compulsively, unconsciously or maladaptively. SCT understands a maladaptive role as an imported strategy from the past that is a restraining force to the goals of the present context. One of the major goals of Wilber’s model, as it applies to human beings, is to create a balanced and integral approach to liberation and the harmonious functioning of individuals, families, groups, organizations, and human society as a whole. This liberation necessarily involves transcending the limitations of acting out our types unconsciously. Towards these goals, a deep and comprehensive understanding of the dynamics of types is an essential tool in modifying the compulsive strategies that cause human beings to repeat patterns that lead to unnecessary suffering.

The examination of different typing systems is extremely relevant to SCT as we deepen our understanding of roles and widen our potential for modifying maladaptive, redundant roles.

## An Invitation

There is not space in this context to fully explore what a systems-centered, integrally informed, intervention strategy might look like. Suffice it to say, that one would want to look at any problem from the perspective of each of the Quadrants, the relevant Lines of development, the particular Stage of the relevant lines of development, examine how the Three States of awareness are interpreted, look at the capacity for Non-Dual awareness that exists in the system, and look at what Types are getting acted out unconsciously and maladaptively relative to the goals of the context. Interventions into each of these areas could be developed using systems-centered theory and methods. In the next couple of weeks I would like to invite you to think of a professional problem using the Integral Model in combination with the Theory of Living Human Systems and see if it helps you to develop any surprising and useful intervention strategies or insights. If it does, or if it doesn’t (!), I invite you to e-mail me so that we can all learn together about how to apply more and more complete streams of energy and information to the issues that our clients present and help them to find the most effective path to their goals. I will also be presenting a synthesis of Wilber’s Integral Model and SCT at the conference this year. So if you are interested in exploring this further, come!

-Michael Robbins ([michaelrobbins@rcn.com](mailto:michaelrobbins@rcn.com))

## References

Agazarian, Y.M. (1997). *Systems-centered therapy for groups*. New York: The Guilford Press.

Gilligan, C. (1982). *In a different voice*, Cambridge, MA: Harvard University Press

Gorman, J.M., Kent, J.M., Sullivan, G.S. & Coplan, J.D.(2000). Neuro-anatomical hypothesis of panic disorder, revised, *American Journal of Psychiatry*

Ross, J. (2002). *The mood cure*. New York: Viking Penguin Group

Siegel, D. (2007). *The mindful brain*, New York: W.W. Norton & Company

Wilber, K. (1982). *The holographic paradigm and other paradoxes, exploring the leading edge of science*. Boulder, CO, and London: Shambala

Wilber, K. (1996). *A brief history of everything*. Boston and London: Shambala

Wilber, K. (2005). *Kosmic consciousness*, Boulder, CO: Sounds True

Wilber, K. (2005). *The integral operating system*. Boulder, CO: Sounds True

## **PHASES OF DEVELOPMENT AND SEXUAL ABUSE TREATMENT**

### **Implications of Phases of Human System Development for Comprehensive, Childhood Sexual Abuse Treatment of Women**

Survivors of childhood sexual abuse (CSA) often suffer post traumatic stress disorder (PTSD), depression, dissociation and personality disorders, and may also manifest attachment, communication, sexual intimacy, and social adjustment issues well into adulthood (Chard, 2005). As part of and compounding this symptomatology are persistent feelings of guilt, shame, and stigmatization. These multifaceted issues require a broad range of treatment modalities (Barnett, Miller-Perrin, & Perrin, 2005, p. 118). Cohen (2008) recently catalogued a number of modalities to address these sequelae including stress inoculation therapy (SIT), prolonged exposure therapy (PE), cognitive processing therapy (CPT), and skills training in affect regulation (STAIR). She proposes adding to this list, developmental, emotion-focused, and feminist approaches. Missing from her expanded catalogue of modalities is any express consideration of the phases of human system development that have been variously described by a number of writers (Peck, 1988; Agazarian, 1997; Perlmutter, 1998). In this omission, Cohen's paper is typical of the childhood sexual abuse treatment literature (e.g., see Lau & Kristensen 2007; Poon, 2007.) To remedy this dearth, this article will identify the phases of human development and explore several of their implications for the treatment of childhood sexual abuse.

### **Phases of Human System Development**

British psychoanalyst Wilfred Bion gave us the seminal modern work on phases of human development in the context of group dynamics (Bion, 1959). Drawing on his work, M. Scott Peck described four phases of group development—pseudocommunity, chaos, emptiness, and community—in *The Different Drum* (1988). Relying on Peck's work, the author identified the same four phases of development in individuals

(Perlmutter, 1998). Working on a parallel track originating with Bion, Yvonne Agazarian posits in her Theory of Living Human Systems that such systems—as small as portions of an individual's consciousness to as large as the world's collective consciousness, including couples and larger therapy groups—are isomorphic at least in the sense that they all experience the same phases of development. She identifies these phases (in order) as; 1a) flight, 1b) fight, 2) intimacy, and 3) interdependent love, work, and play. These phases correspond roughly to Peck's pseudocommunity, chaos, emptiness, and community. Perhaps more importantly, Agazarian has incorporated these phases into a systematic method of facilitating the survival, development, and transformation of human systems called Systems-Centered Therapy (SCT) (Agazarian, 1997).

SCT identifies defenses such as social communication, tension, anxiety, depression and acting-out anger that divert energy away from these goals. SCT comprises a system of interventions that seek to undo defenses endemic to each phase of development during that phase of development. This orderly process is denoted as a "Hierarchy of Defense Modification." The relationship between the intervention chosen and the client's phase of development is crucial because incongruity between the two may decrease the effectiveness of the intervention. To clarify this point, and to appreciate the effectiveness of SCT, let's look at a few applications of SCT theory to the treatment of CSA victims.

### **CSA Treatment and Phases of Development**

One goal of a CSA client's recovery is to improve self-esteem. But Cohen suggests that challenging a client's negative beliefs about herself is unlikely to be helpful, particularly if the survivor's self-concept is a product of the abusive context itself (Cohen, 2008, p. 240). Rather, she suggests encouraging the client to explore the practical pros and cons of maintaining a poor self-image. Regardless of which approach is used, its timing is critical and best reserved for the corresponding phase of the client's development. In this case, the client's distortions around self-image arise in Agazarian's "disenchantment and despair" sub-phase of intimacy. Therefore, grappling with this issue early in treatment would be ill-fated as we are about to see. In fact, if the client cannot accept the part of herself that is angry (and, for that matter, other emotions that she's giving bad press), it will be difficult for her to even approach the self-esteem issue directly. Until she can accept and experience the empowerment of her own anger, she's much less likely to believe in her own value, no matter the cognitive frame. Because anger comes up in the fight phase, prior to the intimacy phase during which self-concept issues arise, dealing with the anger must take precedence. Backing up one more step, the client will not be able to access her anger until she deals with the anxiety or tension defenses that bind or suppress the feeling of anger. Because anxiety and tension arise in the flight phase, they must be undone so as to unleash the energy that will inaugurate the fight phase.

Cohen's advocacy of feminist approaches is a second area in which consideration of the phases of development is helpful. She suggests a client's recognition of "the ongoing

objectification and devaluation of women . . . working against her efforts” is likely to engender more compassion for herself (Cohen, 2008, p. 241). She counsel’s further that

*An awareness of the systematic devaluation and sexualization of girls and women is likely to help the survivor externalize responsibility for the abuse. The ideas that “it happened because of what I did or who I am” or that “I am different (and worse) than everyone else because of what happened to me” may become less tenable when the survivor understands the extent of sexual exploitation and victimization of women and children. Such insights may lead to a more adaptive anger at “the system”—a significant improvement over the equivalent anger turned inward (Briere, 1989).*

It is important to recognize that while it is of course preferable to target anger outward rather than inward, this adaptive response in the fight phase becomes an impediment in the transitional phase between authority and intimacy. In this phase, the work is to undo the externalization of conflicts onto others in authority and overcome the pull to become defensively stubborn from a righteous and complaining position. In all fairness, Cohen’s statement that “[C]lients often commit to behavior change when they recognize that they are not responsible for what has happened to them (i.e., the abuse) yet they are responsible for their future,” is consistent with Agazarian’s facilitation of the client’s growth beyond the victim role to further stages of development.

In the one place where Cohen specifically addresses the order of treatment, she counsels the therapist to be sure to build emotion-containing skills before beginning to process traumatic material. This is consistent with SCT theory and in fact, from day-one of therapy, SCT teaches clients to contain emotions and explore them rather than acting them out or discharging them (Agazarian, 1997).

### **A Caution**

SCT is an active, highly structured, therapist-directed modality (O’Neill, R., personal conversation, April, 2009; Agazarian, 1997). The therapist’s commitment is to empower the client to do the work of the therapy rather than simply to side with the client (Agazarian, personal conversation, July 1, 2009). Given that survivors of childhood sexual abuse particularly value a supportive, empathetic therapeutic relationship, even to the point of the therapist’s “being with” the client so that the client does not have to relive the abuse alone (Cohen, 2008, p. 236), therapists using SCT principles must take special cognizance of their body language, tone of voice, and phrasing to convey their support, notwithstanding their commitment to structure. This is especially important for male therapists to remember because, given that their gender is typically the same as that of the perpetrator, they are more likely to trigger a negative transference and thereby risk undermining the therapeutic alliance.

### **Conclusion**

The unique and multifaceted sequelae of childhood sexual

abuse demand comprehensive treatment. The need to address these symptoms with numerous techniques makes it essential that the therapist attend to the client’s phase of development in ordering the treatment.

-Mark Perlmutter ([mlp@civtrial.com](mailto:mlp@civtrial.com))

### **References**

- Agazarian, Y.M. (1997). *Systems centered therapy for groups*. New York: Guilford Press.
- Agazarian, Y.M. (2000). *SCT modifications of restraining forces to group development*. Workshop handout.
- Barnett, O., Miller-Perrin, C.L. & Perrin, R.D. (2005). *Family violence across the lifespan: An introduction*. Thousand Oaks, CA: Sage Publications, Inc.
- Bion, W.R. (1959). *Experiences in groups*. London: Tavistock.
- Chard, K.M. (2005). An evaluation of cognitive processing therapy for the treatment of post-traumatic stress disorder related to childhood sexual abuse. *Journal of Consulting and Clinical Psychology*, 73(5), pp. 965–971.
- Cohen, J.N. (2008). Using feminist, emotion-focused, and developmental approaches to enhance cognitive-behavioral therapies for posttraumatic stress disorder related to childhood sexual abuse. *Psychotherapy Theory, Research, Practice, Training*, 45(2), pp. 227–246.
- Lau, M. & Kristensen, E. (2007). Outcome of systemic and analytic group psychotherapy for adult women with history of intrafamilial childhood sexual abuse: A randomized controlled study. *Acta Psychiatrica Scandinavica*, 116(2), pp. 96-104.
- Peck, M.S. (1988). *The different drum: Community making and peace*. Kent, UK: Touchstone Books.
- Perlmutter, M.L. (1998). *Why lawyers and the rest of us lie and engage in other repugnant behavior*. Austin, TX: Bright Books.
- Poon, M.W. (2007). The value of using hypnosis in helping an adult survivor of childhood sexual abuse. *Contemporary Hypnosis*, 24(1), pp. 30–37.

## **TREATING DEPRESSION BY WORKING WITH ROLES - A CASE STUDY**

### **Introduction**

Depression is a clinical diagnostic category listed in the manuals of disease classification that are used internationally (ICD 10, DSM IV). The medical model conceptualizes depression as an illness, a condition with attendant neurobiological changes, which can be altered with antidepressant medication in order to reduce the symptomatology. Most of us within the health services accept and use the “illness” model when dealing with depression.

Within the Systems-Centered Therapy (SCT) model, depression is conceptualized as a defense that becomes apparent in the fight phase of system development, in which the retaliatory impulse is turned against the self and enacted instead of being directed towards the source of frustration (Agazarian, 1997). SCT uses a protocol to undo depression, which fits within the hierarchy of defense modification and occurs after undoing tension and prior to working on roles.

As I have been using systems-centered methods clinically, I have become aware of another way of understanding and

working with depression that differs from the medical model. It is useful to discriminate between depression as a defense in the context of the phase of system development and depression as a pervasive state.

### **Case Study**

I met A. within the Day Hospital of our psychiatric unit where I ran a systems-oriented skills group for 8 weeks. She had been hospitalized for moderately severe depression, now in the recovery phase and thus attending the day hospital. This was the second episode of depression, the first one having occurred after the birth of her daughter 5 years previously, during which she had also been hospitalized. She was a senior nurse of an emergency department by occupation and the stress of the job was thought to have contributed to her disorder. The first episode was formulated as a “post-natal” depression, having occurred so soon after the birth of her first child. She had been treated with antidepressant medication and the admission had been necessary both times due to the seriousness of suicidal ideation.

Having experienced the systems-oriented way of working at the day hospital group, A. wanted to continue to work with me in individual therapy. So her team formally referred her to the psychotherapy unit in which I worked. Her prior treatment had also included one year of psychodynamic psychotherapy as well as a subsequent course of cognitive behavioral psychotherapy. After a period of time of waiting for an opening in my schedule, we started treatment. Initially we set ourselves a contract of 15 sessions of weekly treatment. She had by this time returned to part time work in a less stressful context.

We worked through the skills of undoing negative predictions, mind reads and tension again. Undoing depression was difficult as she was frightened both of depression and her experience of aggression. The fact that we were naming “depression” in order to work with it brought back the memories of being ill, in hospital and the impact on her family, all of which she wished to avoid. She was terrified of becoming depressed again. She had thus developed a way of hiding her depression, or any feelings related to it. Depression signaled failure and both this and her avoidance of it seemed to be habitual roles.

So we started to identify the roles that come up for her. As we worked using the systems-centered protocol for getting to know a role and for getting out of non-functional roles, she made a discovery that the so called “post-natal depression” was due to a “Pleasing Others” role lock with her husband. This had been triggered by conceiving a child that her husband had not wanted, but she had, and then by bearing a daughter when her husband would have preferred a son. She could see how, in this role, she put the needs of others before her own and then tried very hard to please them, at a cost to herself. At work this led to working all hours without breaks, although she would make sure her junior staff got breaks. She later called this the “Superwoman” role, triggered by a thought that she was not as good (as others) and that she was lacking in some way. We discovered the origin of the role in her relationship with her mother and wanting so much to receive her praise.

The reformulation of her depression as related to a role

lock with her husband was fundamental in leading to the decision to come off medication, which I supported. We then negotiated another period of therapy as a couple to work on the role lock we had identified.

### **The Role that Looks Like Depression**

In Superwoman role, she is busy, perfectionist, doing everything. The house has to be clean, the rooms tidy, the shelves washed, etc. She thinks she has to do all this by herself, that only she is capable of performing these tasks and that they must be done as soon as possible. The trigger is a critical comment from her mother or an internal self critical voice that she is not coming up to a certain high standard. She is driven, full of energy and wants her husband to join her; she wants to make him as busy as she is and to share her drive to work hard. He is, however, induced by this behavior into a stubborn and withdrawn role. He stops being available and stops co-operating. The role that had developed in childhood and had worked with her mother, to some extent, to get care and attention, had the opposite effect with her husband. Indeed the most feared reaction, lack of attention, occurred instead. So the two choices at this point were to continue to push herself hard, which looks on the surface as a highly active hypomanic state, or to sink into a depression by turning the rage at not being met emotionally onto herself, attacking herself and cutting herself off.

The Superwoman role had developed to manage the experience as a middle child in a busy family where she was not quite getting enough attention and praise. Working hard to please got her some of what she wanted. The cost of this adaptation in adult life was exhaustion at work and home, and not being met at an emotional level when her role triggered withdrawal from her husband.

The couple worked to understand their roles; we named them, traced their origins and saw how they induced each other. We then worked out alternative behaviors and communication styles they could use. By learning how to join each other, they now had the skills both to repair the hurts they had experienced individually and to rebuild their couple system. The new skills that were particularly helpful to them were: exploring and containing their rage and retaliatory impulses, and joining one another in sharing emotional experiences.

The cost of the role was clear, but it was also important to recognize the useful parts of Superwoman. The desire for high standards and the energy for work often enabled A. to have a beautiful home and garden, a well cared-for and stimulated daughter and a successful career, not to mention the continued motivation to work on both herself and her marriage in therapy.

### **Conclusion and Discussion**

Rather than see depression as an illness that occurs due to hormonal or chemical imbalance in the brain (and so be at its mercy), working with the role concept as used in SCT enabled A to view the symptoms of depression in context and learn skills to manage emotional experience differently. As a result antidepressant medication was no longer needed, she was asymptomatic, and there were greatly improved relationships within the family.

The study on using SCT in the treatment of Generalized Anxiety Disorder (GAD) (Ladden et al, 2006) suggested that addressing the role system is important in the treatment of GAD. The authors hypothesized that the activated role system not only produces the symptoms of GAD as output but also prevents adaptive learning that comes from emotional processing. Similarly, for the patient discussed above the role system and the role lock that was activated, produced symptoms of depression as well as contributed to her inability to use the usual mechanisms of emotional processing that help repair emotional pain in relationships. Therefore my hypothesis is that in the treatment of Depressive Disorder, addressing the role system is important, as it is in GAD. The SCT hierarchy of defense modification helps with symptoms, but it is not until the roles are identified and worked with that depression can be fully understood and treated.

In recurrent depression it is important to consider a role lock in the family relationships as a contributing cause. This is consistent with the National Institute of Clinical Excellence (NICE ) Guidelines for treatment of Depression in the United Kingdom, which list couples therapy as an evidence based treatment for recurrent depression. Systems-Centered Therapy promises to be effective for treatment of Depressive Disorders and this case study contributes to the information available on its usefulness. Empirical studies will need to follow to validate SCT as a treatment method for depressive disorders.

-Jale Punter (jalepunter@doctors.org.uk)

#### References

- Agazarian, Y.M. (1997) *Systems-centered therapy for groups*. New York: Guildford Press.
- Ladden, J.L., Gantt, S.P., Rude, S. & Agazarian, Y.M. (2006). Systems-centered therapy: A protocol for treating generalized anxiety disorder. *Journal of Contemporary Psychotherapy*, 37(2), 61-70.
- International classification of diseases*, version 10 (ICD-10). (1990). World Health Organization.
- Diagnostic and statistical manual of mental disorders, version IV (DSM-IV)*. (1994). American Psychiatric Association.
- Guidelines for depression: Management of depression in primary and secondary care*. (2004, amendments 2007). Clinical Guideline 23 (amended). National Institute for Health and Clinical Excellence, London, UK. www.nice.org.uk

## WHENCE ROLES? MAPPING ATTACHMENT STYLES ONTO THE SCT CONSTRUCT OF ROLES

*“Roles are essential to everything we know about living human systems in that they are a primary structure that organizes energy toward a goal.”* (Twomey, Gantt, & Agazarian, 2006).

Attachment theory (Bowlby, 1988; Main, 1995; McCluskey, 2005; Wallin, 2007) has been a rich contributor to current clinical models, including SCT (Johnson, 2006a;

Johnson 2006b; McCluskey, 2005). The linkage between the models becomes even more striking when we look at the etiology of roles. Theorizing about attachment (Cf. Main, 1995) points to a connection between attachment styles, e.g., secure versus avoidant, and the variants of roles familiar to SCT practitioners, e.g., one-up one-down, defiant-compliant, care-taker identified patient, etc. This article will map attachment styles onto the SCT framework in an attempt at integrating the two approaches.

### Attachment Styles

The evolution of attachment styles took a large leap when the Adult Attachment Interview (Hesse, 1999) began to be used to study the *parents* of children who were the initial subjects of Bowlby's research model (Main et al, 1985). What became crystal clear was that infant attachment type, i.e., secure versus all variants of insecure, could be predicted with an astonishing level of accuracy by simply interviewing the parents of the children in question. “Astonishing” in this context is the 75% level of accuracy. Given that social science sets the bar for a “significant” difference at any finding that is better than chance at the probability level of  $p > .05$  (1 in 20), a hit rate of 3 out of 4 is indeed astonishing. Even more remarkable was the additional finding that the prediction was valid in studies done *before the child was born*, thereby negating the claim that this result was due to interactive effects between child and parent temperaments.

To systems thinkers, this is not so shocking. We can readily invoke the principle of isomorphy to account for how an infant, raised by “insecure” parents, would likely absorb this modeling. But Main et al didn't stop here. They moved from typologies of infant attachment styles directly into adulthood. In so doing, they categorized the adult version of attachment as a “state of mind with respect to attachment” (Main, 1995, p. 437), and then tested for both the reliability and validity of these constructs. What emerged was a revised chart that captured the progression from the relatively non-verbal, pre-verbal world of infants in the classic Bowlby Stranger Situation, to adults, with all their verbal skills intact. These “adult states of mind with respect to attachment” arrayed very similarly to the earlier forms that had been described for infants. (See Table 1 below).

**Table 1: Infant and Adult Variations of Attachment with Brief examples**

#### Infant Attachment Type From Stranger Situation

##### 1. Secure:

- Explores room and toys with interest.
- Obvious preference for parent over stranger.
- Greets parents actively, usually initiating physical contact.

##### 2. Avoidant:

- Fails to cry on separation from parent.
- Actively avoids or ignores parent on reunion. Little or no proximity or contact-seeking, no distress and no anger.

### **3. Ambivalent/Resistant:**

May be wary or distressed even prior to separation, with little exploration. Preoccupied with parent throughout the procedure. May seem angry or passive. Fails to settle and take comfort in parent on reunion.

### **4. Disorganized/Disoriented:**

The infant displays disorganized and/or disoriented behaviors in the parent's presence, suggesting a temporary collapse of behavioral strategy.

## **Adult State of Mind with Respect to Attachment**

### **1. Secure/autonomous:**

Description and evaluation of attachment-related experiences is consistent, whether experiences are favorable or unfavorable.

### **2. Dismissing:**

Dismissing of attachment-related experiences. Normalizing ('excellent mother') with generalized representations of history unsupported or actively contradicted by episodes recounted.

### **3. Preoccupied:**

Preoccupied with or by past relationships. Appears angry, passive or fearful. Sentences often long, grammatically entangled or filled with vague usages.

### **4. Unresolved/Disorganized:**

During discussions of loss or abuse, individual behaviors show striking lapse in the monitoring of reasoning or discourse. May lapse into prolonged silence or eulogistic speech.

Adapted from Wallin (2007), p.33.

## **SCT and Roles**

In SCT, roles are conceptualized as attempts to keep care-givers close. Earlier on, they were viewed as a "bridge construct" between the individual and the group (Agazarian & Peters, 1981). Subsequently roles came to be seen as potentially both "defensive and problem-solving communications" (Agazarian, 1989, p. 136). SCT thus recognizes both the functional and dysfunctional aspects of roles, and discriminates between these contingent upon the context and goals of the role-in-operation. Functions like leader-follower, parent-child, and person-member were readily traced via SAVI modeling using verbal data as the raw material to test SCT hypotheses. Differentiation evolved between individual and group dynamics. Within the individual, the two subsystems of person and member were identified. The next step in this article is to connect the etiology of roles in the person system to the attachment map above. Role dynamics are seen as the outcome of the complex interplay between personal genetic inheritance, history, development, and environmental influences (Agazarian & Gantt, 2000, p.90).

## **Roles as "Rules of Attachment"**

Main (1985) began to see attachment behavior and states of mind as "internal working models" - and further that these models were not so much an integrated self or self object a la psychoanalytic theory, but rather as "structured processes" serving to obtain or limit access to information (Main et al, 1985, p.77). What follows is Main's reconceptualization of Bowlby's initial notion of the function of an internal working model. From your SCT lens, read the following quote from Main, with an ear for what we call roles:

"A set of conscious and/or unconscious rules for the organization of information relevant to attachment...[T]he secure versus the various types of insecure attachment organization can best be understood as terms referring to particular types of working models... that direct not only feelings and behavior but also attention, memory, and cognition..." (Main et al, 1985, p.67).

These formative early relationships result in what Main terms "rules of attachment," or as Wallin (2007, p. 35) put it "quite literally rules to live by." Given that they emerge out of interactions between the biologically channeled, survival-based attachment system and the experience of received parenting, they sound very much like what we call roles in SCT. What began for Main as behavioral "adaptive strategies" for optimizing attachment moved much deeper. The rules, which in childhood were embodied in a "behavioral/communicative" strategy, morphed, in adulthood, into what she called a "representational/attentional" strategy that determined the extent and nature of our access to attachment-related feelings, desires, and memories. To cite Wallin, "Just as Ainsworth had earlier equated secure attachment with a flexible balance of attachment and exploration, Main now identified flexibility of focus, affect, thought, and memory as markers of security in adults" (Wallin, 2007, p. 35).

Roles, in this sense then, come from survival-oriented rules of attachment (keeping care-givers close) that have outlived their originating context. The nature of roles, we know, is that they are pervasive, and subject to a myriad of "suctions," "inductions," and "triggers." While critical in early life, they tend to fail us relative to the goals of most post-childhood environments.

## **Attachment States of Mind Mapped Onto SCT**

With the necessary disclaimer that any typologizing of human living systems will be imperfect, the following Table 2 compares the four major attachment states of mind with roles and constructs familiar to SCT.

## **Adult State of Mind with Respect to Attachment**

### **1. Secure:**

Free to connect, explore and reflect.  
Could both have an experience and reflect upon it.  
Realistic and open to, and for, contact.

### **2. Avoidant/Dismissing:**

Minimizing of the importance of attachment relationships.  
Unsupported idealization.

Emotionally isolated; over-regulated affect.  
Minimal awareness of feelings.  
Restricted in interactions; lacking flexibility.  
Lacking in resourcefulness.  
Passive, leaving all initiative to parent. Behaves as if hopeless/helpless.

### **3. Ambivalent/Preoccupied:**

Chronically anxious, needy and/or angry.  
Amplified affect; under-regulated affect.  
Communicates via mixed messages.  
Intense reactivity to evocations of the past.

### **4. Disorganized/Unresolved:**

Inexplicable behavior that ranged from bizarre to dissociated.  
Unresolved trauma.  
Lapses in reasoning.  
Lapses in discourse.

### **SCT Roles and/or Constructs**

#### **1. Functional role:**

Flexible and adaptive to context.  
Have good observing system.  
Good reality testing; Good interpersonal boundaries.

#### **2a. “Superior” Dysfunctional Roles:**

One-up, rescuing, defiantly invulnerable.  
Identifies with care-taking role.  
Sadistic, e.g., bully or scapegoater, victimizer.  
Lacks apprehensive information.

#### **2b. “Inferior” Dysfunctional Roles:**

One-down, rigidly stuck in role.  
Identified rescuee.  
Identified victim.  
Masochistic recipient of bullying, scapegoating, etc.

#### **3. “Acting out” Roles:**

Predominantly emotive with little comprehensive reflection.  
Tendency to discharge anxiety and anger at selective targets.  
Red light SAVI behavior especially in the form of contradictions.  
Readily triggered by environment to time travel to past or future.

#### **4. Barrier Experience:**

Cognitive disruptions that signal fragility.  
Schizoid withdrawal to avoid pain and shame.  
Flooding wherein cognitive resources are suspended. Either elective mutism or hypomanic speech.

This initial attempt suggests that roles can be understood from an attachment perspective in a way that would aid SCT practitioners in our work to undo roles and role locks. Helping unpack the developmental information that is carried in these roles is consistent with SCT's stated therapeutic goals:

“One of the SCT criteria for successful therapy is for patients to be able to experience their past both personally and

existentially, recognizing that the personally painful role they played in their family was also one of a constellation of roles that kept the family system stable” (Agazarian & Gantt, 2000, p.203).

-Mark Johnson (drmarkj@valley.net)

### *References*

- Bowlby, J. ((1988). A secure base: *Clinical applications of attachment theory*. London: Routledge.
- Hesse, G. (1999). The adult attachment interview: Historical and current perspectives. In J. Cassidy & P.R. Shriver (Eds.) *Handbook of attachment: Theory, research, and clinical implications*. New York: Guilford Press.
- Johnson, M. (2006a). SCT on the path of integration : From emotion to interpersonal neurobiology, via attachment. *Systems-Centered News*, 14(1), pp. 14-15.
- Johnson, M. (2006b). Points of convergence among TLHS, attachment, and neurobiology. *Systems-Centered News*, 14(2), pp. 5-6.
- Main, M. (1995). Recent studies in attachment: Overview, with selected implications for clinical work. In S. Goldberg, R. Muir & J. Kerr (Eds.), *Attachment theory: Social, developmental, and clinical perspectives* (pp. 407-474). Hillsdale, NJ & England: Analytic Press, Inc.
- Main, M., Kaplan, N. & Cassidy, J. (1985). Security in infancy, childhood, and adulthood: A move to the level of representation. *Monographs of the Society for Research in Child Development*, 50(1-2), 66-104.
- McCluskey, U. (2005). *To be met as a person*. London: Karnac Books.
- Twomey, H., Gantt, S.P., & Agazarian, Y.M (2006). Roles. In S. Gantt & Y. Agazarian (Eds.), *SCT in clinical practice: Applying the systems-centered approach with individuals, families and groups*. Livermore, CA: WingSpan Press.
- Wallin, D. (2007). *Attachment in psychotherapy*. New York: Guilford Press.

## ***THE IDENTIFIED PATIENT IN THE FLIGHT SUB-PHASE***

---

The main tasks that members face in the flight sub-phase involve the giving and taking of authority. Members have much to figure out to be able to know how to navigate these tasks. They need to know, for example:

- Who in the group has authority?
- What type of authority is it?
- What's my relationship to this authority?
- Should I accept it? Will I get something out of accepting this authority?
- How do I go about accepting authority in this group?
- Where do I fit into the hierarchy?

Throw into the mix the fact that members also bring their own ways of relating to authorities and others, which may be more or less adaptive. SCT aims to reduce defenses so that

members have better access to their inner experience and resources; the approach that SCT uses, however, is new compared to members' traditional ways of relating socially with others. And finally, members' fear and anxiety are also connected to their past experiences of dependency, particularly those that have been traumatic.

Members are faced with a new experience in an SCT group (and any new group experience, in general) particularly as compared to their traditional ways of relating in social situations and their past history of trauma involving dependency. Members, consequently, have a desire to take flight, choosing to flee by hiding, running away, or leaping into the unknown.

Without knowing what to expect, members greatly depend on the leader. In this sub-phase, they experience fear and anxiety with regard to their dependent and passive role within the group and in relationship to the leader. Can they trust the leader? What are the dangers involved in being a member of this group? It's quite possible, at this stage, that they could violate some unknown group rule or protocol, offending someone and risking retaliation, shame, or scapegoating.

In this situation, members may experience the wish to be dependent. These wishes may take the form of statements, such as, "Tell me what to do!" Members who connect with these longings hope that their needs will be taken care of by the leader and the group.

Other members are more connected to the desire to be independent or autonomous. Their personal statements might include, "I know what I'm doing. Listen to me." Members who are more oriented to an independent stance want the leader and the group to recognize their skills, their abilities, and their status.

We know through SCT that both sides of this dependency conflict are present in the individual member and in the group system. Having the simultaneous wish to be separate and dependent is quite stressful, however. These differences create tension and anxiety, which have the potential to destabilize the system. Defenses are necessary to help the system remain stable. In the flight sub-phase, when dependency is the primary conflict, one possible defensive solution is to split "dependent" and "independent" impulses into differences that are contained in an identified patient. The identified patient contains the dependent impulses that are projected onto him or her. Meanwhile, the caretakers get to express their autonomy as helpers.

The problem with containing differences around the dependency issue within the identified patient is that information and energy are not available to help the group develop. The SCT therapist encourages functional subgrouping so that the dependent and independent sides of the conflict can be explored rather than explained. Exploring the dependency issue takes people into the unknown where development can occur.

Encouraging members to functionally subgroup around the desire to help allows the exploration of the desire to be strong and autonomous as well as to experience the downside of being a helper. Subgrouping by members of the dependent subgroup can lead them to explore their longings to be taken care of and to not have to figure things out for themselves. They can also

discover the cost of giving up their resourcefulness and autonomy to others. Additionally, members of each subgroup can discover the reciprocal nature of their relationship. For example, the resourcefulness that the independent subgroup feels is made possible through the willingness of the identified patient and the dependent subgroup to take on the sick role.

In this sub-phase, members are encouraged to focus on their own intra-psychoic experiences rather than interpersonal experiences. This discourages projection and builds members' capacity to know themselves, which will both be essential for future group development. Members will also be able to learn the process of subgrouping, so that they develop the ability to fall in step with their fellow subgroup members, neither going too fast so that they run ahead of the others or going too slowly so that they act as a drag on the process.

### Example of an Identified Patient

In an ongoing psychotherapy group for men, age 60 and up, a member announces that he has been diagnosed with a progressive but non-fatal seizure disorder. After his therapist works with him to explore how he feels in response to receiving this diagnosis, the veteran reports that he is feeling irritated with himself. The thought that goes with his irritation is that he will not be able to be the one that everyone goes to for help. Instead, he will be the one needing help from everyone else. Other member's nod; they can all identify with how difficult it is to deal with aging and illness.

But instead of a discussion developing around these issues, the "sick" member states that he may choose to "check out early." By this he means that he reserves the option of killing himself if he decides that is what he wants to do. We've heard this before in the group, and he's never acted on it. The leader quickly confirms that the vet is not an acute suicide risk.

It's too late, however; an identified patient has volunteered and been selected. Members focus on this member's "suicidality" rather than joining around how age and illness affect us all. No one responds to the leader's encouragement to focus on the latter topic. Instead, the group remains fixed on how to save the suicidal patient.

Eventually, the leader recognizes the signs of an identified patient and remembers the value of functional subgrouping in these situations. He points out to the members, "It sure is easier to focus on X's problem because, of course, no one else in this group has any problems with aging or illness." Members get the hint; they stop trying to save X and begin to address their own experience with aging and illness.

-Neal Spivack ([nsspivack@erols.com](mailto:nsspivack@erols.com))

### USE OF THE SCT® TRADEMARK

Only licensed practitioners of SCT can call themselves **Systems-Centered** anything!

All others call themselves **systems-oriented** and MUST be careful not to link that nomenclature to SCT or Systems-Centered.

Anyone who wants to use SCT materials or the terms *SCT* or *Systems-Centered*, and who is not licensed, must apply for a Project License by contacting the trademark holders, Yvonne Agazarian or Susan Gantt (in SCTRI Director role).

# SYSTEMS-CENTERED® TRAINING PROGRAM

## SCT TRAINING OVERVIEW

There is a wide variety of training opportunities at the four levels of training described below, as well as specialty training with SAVI (a communications model) and with SCT applied to couples and organizations.

Systems-centered training combines group work practicum (where you learn by working as a member of a group), and theoretical and technical training. You can learn about SCT by attending training events at the level that matches your interest and resources, i.e., time, energy and money. These training tracks range from exploring SCT to making a commitment to formal training. The approach to training is functional with less emphasis on “checking off” certain experiences and more on mastering the theory, methods, and techniques at each level of training.

**Levels of SCT Training: *Exploration, Foundation Training, Intermediate Training, and Advanced Training.***

### **Exploring SCT: For Curious People**

In exploring SCT you can attend foundation or specialized training events once or as many times as you find useful. Some find the training group valuable for their own development; others want to learn the theoretical approach well enough to compare it to their own; others use elements of theory and technique in their current practical applications. At this level of participation, you are your own guide, sipping or drinking deeply as your interests and resources permit.

### **Foundation Training: For Learning SCT**

Some people discover enough value in SCT theory and practice to consider making SCT a primary orientation to their work. The Foundation training emphasizes learning to use SCT methods with one’s self and gaining the personal development and training that comes from working in an ongoing training group with sufficient intensity to explore and contain one’s own issues with authority. At a minimum, a training group and some work with theory are foundations to further work in SCT. If you find yourself exploring this shift into more structured training, you should make contact with an SCT Mentor to find out more about the training process.

### **Intermediate Training**

Intermediate training is for those interested in using SCT as their major theoretical orientation and work toward the goal of becoming a licensed systems-centered practitioner. Members apply for Intermediate training experience after having learned to use SCT as a training group member, to understand basic SCT theory, and to understand and contain the dynamics of their own authority issue. The Intermediate level of training introduces more focus on theory, on the technical skills of SCT, on managing role boundaries, and on containing the dynamics of a system. Intermediate training includes the Intermediate Skills Training, the Intermediate Mentor Training, and the

Authority Issue Group. The Skills Training focuses on the technical skills of defense modification in Modules I and II. The Intermediate Mentor Training focuses on the management of oneself in relation to changing roles and contexts. The Authority Issue Group is a training group working the issues of Module III in depth. At the Intermediate level, participants also work in a Theory group and in an ongoing Consultation group in addition to their ongoing training group.

### **Advanced Training**

Advanced training activities emphasize integrating comprehensive and apprehensive knowledge in role, and related to goal and context in application settings. One major advanced training track is working as a member of a peer licensing group to build a working group, develop criteria for assessment, and implement a peer assessment process. Joining the Board of Directors is another context for advanced training. An advanced training track is also offered at the annual conference for post-Authority group members and a special advanced training group is offered each summer. Advanced members also work with mentors to develop training opportunities.

## NEW RESOURCE!

**Download SCT materials from  
[www.systemscentered.com](http://www.systemscentered.com)**

- **Informative SCT Handouts**
- **Up-to-date Theory Charts and Training Materials**
- **MEMBERS: Download basic materials for your own use**
- **SCT Practitioners: Download Skillsheets & Training Manual**

*Easy payment through PayPal - Try it!*

**MARK YOUR CALENDARS FOR  
CONFERENCE 2010!**

**PHILADELPHIA**

**Pre-Conference Institutes: April 24-25, 2010**

**5-Day Conference: April 26-30, 2010**

# PROGRAM NOTES

## **A FRIENDLY GUIDE TO REGISTERING FOR CONFERENCE TRAINING GROUPS**

With so many training groups being offered at the 2010 Annual Conference, we would like to offer some tips for signing up for the training group that will most likely provide you with a meaningful experience with SCT.

### **The Morning Training Program:**

#### **Overview:**

The Morning Training Program is dedicated to SCT training, while the afternoon focuses on Workshops that feature clinical, organizational, and educational applications of SCT.

Many of the morning groups are part of the SCT formal training curriculum and are offered at the Intermediate or Advanced level. These groups are listed first in the brochure and take up the full morning. If you are in an ongoing group and want to apply for Intermediate Skills Training--the first step in formal Intermediate Level Training-- speak to the leader of your SCT training group and consult with the leader about your readiness to take this step. (*Criteria for entering Intermediate Training Level is listed on the web: [www.systemscentered.com](http://www.systemscentered.com)*).

For members who are not in the full morning Intermediate or Advanced level training groups, your choices are described below:

#### **Early Morning Groups: (8:45- 10:15)**

##### #101 Foundation Training Group: “Not Just For Beginners”

This training group builds the foundation for all further SCT work, as members learn functional subgrouping rather than stereotyping themselves or others. Members practice recognizing and opening up to their authentic experiences and using these experiences to launch and explore in subgroups. Members also learn how to undo the defenses against accessing their authentic experience in the here-and-now. Becoming proficient at functional subgrouping takes a lot of practice as we retrain our brains to notice similarities instead of differences and to learn to pay attention to the larger context before introducing a difference.

##### Who should sign up for the Foundation Group?

- Those who are new to SCT
- Those who have been to workshops but do not have an ongoing group in which to practice functional subgrouping. (This Conference Foundation Group can serve as a member’s “ongoing” group for several years, working with many of the same members from previous Conferences)
- Those in Foundation Training groups who want more training in functional subgrouping
- Intermediate or Advanced members who want to revisit the early phases of group development to renew subgrouping skills or to learn more about leading beginning groups

##### #102 Intermediate Training Group: “Taking the next steps...”

This experiential training group builds on the skills of the Foundation Group: members know how to subgroup, are familiar with undoing their own defenses, can contain and explore their authority issue and are motivated to work from the member role (vs. the personal system). Group exploration can go in many directions, and will probably include more in-depth work with issues of one’s own and other’s authority, as well as exploration of role.

##### Who Should Sign Up for the Intermediate Group?

- Members of ongoing Foundation training groups who are ready to make the transition to intermediate level work, based on their work to assess whether they meet the criteria described in the SCT Training Program. Note: first time candidates to join this group must contact the Intermediate group leaders to talk about how to determine their readiness. Leaders are: Susan Lange ([slange@interface-samaritan.com](mailto:slange@interface-samaritan.com)) and Ray Haddock ([rayhad@doctors.org.uk](mailto:rayhad@doctors.org.uk)).
- Intermediate level members who want to join this 5-meeting experiential group
- Advanced members who want to continue exploring their driving and restraining forces to taking up membership in context

#### **Late Morning Groups: (10:30 – 12:00)**

##### #105 Drop-In Groups:

The Drop-In Groups are the didactic section of SCT training and focus on theory or a particular skill. These 90-minute groups provide members with a cognitive understanding and reinforcement of the work that they are doing in the early morning experiential groups. The Monday –Friday offerings are organized so that members can choose a particular interest on any day or can “specialize” all week in Skill Training or in Theory.

##### Who Should Plan to Drop In to the Drop-In Groups?

- Members of the Early Morning Foundation or Intermediate Training Groups
- Intermediate or Advanced Level members who want to brush up on their own skills or theoretical understanding or who want to learn new ways of teaching the skills or theory

##### #302 Container Training

##### #303 Intermediate Leadership Training

##### #601 Intermediate/Advanced Consultation

These three events are rich training experiences for Intermediate and Advanced members.

### **Want More Guidance?**

Consult with your SCT training group leader, or with Linda Scott ([lscott1244@yahoo.com](mailto:lscott1244@yahoo.com)) or Susan Cassano ([susancassano@sbcglobal.net](mailto:susancassano@sbcglobal.net)), who are available specifically to help talk through Conference registration alternatives.

# SCT<sup>®</sup>RI REPORTS AND UPDATES

## SC<sup>®</sup>TRI IN A NUTSHELL: THE ORGANIZATION

SCTRI is a volunteer organization. All roles (except Administrators) are filled with volunteer members who have time, energy and resources for the tasks. Working in an SCTRI Action Group is a learning environment for applying SCT in the service of task goals.

**Board of Directors:** Sets policy, oversees organizational direction, structure and function. This group meets twice yearly; selects, supports and guides the Director; and is made up of members at the advanced training level.

**Director:** Carries the organizational vision and values, oversees implementation, represents the organization to the larger world.

**Research Director:** Develops the research function with goals of fully integrating research into SCTRI and crossing the boundary to the larger world.

**Steering Group:** Implements policies and links Action Groups. Selected by and acts with the authority of the Board of Directors between its semi-annual meetings; meets weekly.

**System Mentors:** Keep an eye on the overall functioning of SCTRI and system-centered training with the goal of maintaining the spirit and values of SCT. Mentors consult to members and Action Groups as needed, and hold the final authority for accepting recommendations for licensing individual members as SCT practitioners.

**Action Groups:** Small groups of members carrying out specific aspects of the work of SCTRI.

Currently:

Annual Conference  
Continuing Education  
Curriculum Development  
Electronic Communications/Web  
Finance  
Membership  
Newsletter  
Research  
Trainers

**Administrators:** Carry out organizational tasks under the supervision of the Director and the Steering Group.

## SCTRI BOARD OF DIRECTORS REPORT TO THE MEMBERSHIP: OCTOBER 2009

Your Board of Directors has just finished its second biannual meeting of 2009 in Philadelphia, October 22 through 25. We would like you to have a summary of the highlights. We hope you will find your curiosity sufficiently piqued by our activities to draw you to the Meet the Board event at SCT Conference 2010, also in Philadelphia!

- Exciting news – SCTRI has decided to put its attention to making fuller use of our leadership development resources. Members consistently report meaningful and practical transfer of the leadership skills they learn in SCT to work and process groups they participate in, and we want to support this by enriching what we think are our underutilized resources in this area. Rich O’Neill and Eileen Jones, in collaboration with our Curriculum group, are spearheading the development of a system for training in leadership skills, beginning by training and mentoring members of the Conference 2011 team. Rich and Eileen will be working with Conference 2011 Co-Directors Heather Twomey and Sven-Erik Viskari so that the Conference Director role is a training experience for them and for the team itself. If you would like to explore joining this team as part of developing your own leadership skills, contact Heather or Sven-Erik.
- More exciting news – After several years of consideration, the Board has decided that SCTRI will sponsor an SCTRI Organizational Development Conference, September, 2012, in Stockholm, Sweden! The new Swedish SCT Association, Svenska SCT Föreningen, is joining with other European SCT centers (like Denmark, London and York) to provide the local organizing energy, and several SCTRI Board members will be joining that group to help bring the Conference into being. This is a first, and will support our European centers as well as enrich the application of SCT in organizational development.
- Appreciative news -- Rich O’Neill, our Research Director for 4 years, stepped down from that role, freeing his energy for other initiatives. He has held a vital voice for the Board and SCTRI, speaking out for research and for the tough reality challenges involved. During his tenure Rich has contributed immeasurably to the launching of research as a reality in SCTRI. Rich will continue his work on the important research projects he has under way. Meanwhile, the Board is taking up the organizational question of whether to look for another Research Director or fill the function in a different way. Overall, the shift freed up energy and creativity all around. *A huge appreciative “thank you” to Rich!*
- Some information about how we worked -- (this is for those of you who have expressed interest in how we run our organization by “thinking SCT”)
  - o We used SCT skills to make significant headway in understanding and working through important organizational issues having to do with money and with research. Functional subgrouping was vital here as we unstuffed the members who carried these issues and worked with the apparent differences to find integrations.
  - o We revised the target time for releasing the Monograph celebrating Yvonne Agazarian’s work and

her contribution to the field. We are now planning to complete the Monograph for Conference 2010 in Philadelphia.

- o As we do each meeting, we dissolved and re-constituted the Steering Group, an extension of the Board that meets each week for an hour to manage the organization, with plenipotentiary authority granted by the Board. Joy Luther, Dorothy Gibbons and Michael Silverstein will continue in this role, along with our Director, Susan Gantt.
- o Rather than have a designated leader, we self-led our own two days of experiential process work. In these two days we take up our commitment to reducing the restraining forces to fully taking up our membership in the Board roles, and we felt we were very successful as a self-managed group.

Respectfully submitted by the SCTRI Board of Directors,

*Claudia Byram, Fran Carter, Dick Ganley, Susan Gantt, Dorothy Gibbons, Eileen Jones, Nina Klebanoff, Joy Luther, Jon McCormick, Rich O'Neill, Jim Peightel, Elaine Pratt, Michael Robbins, Michael Silverstein, Heather Twomey, Sven-Erik Viskari*

## **STEERING GROUP**

In between the twice-yearly Board meetings, your Steering Group meets weekly to conduct the business of SCTRI. Most of our work involves the development and support of the other subsystems of the organization.

Most recently, our time and energy has been directed into supporting and developing the newly formed Treasurer system, led by our Treasurer, Nina Klebanoff. We are working to develop our ability to allocate our financial resources in accordance with our systems-centered values, so that our spending matches these values in the current context of global financial realities. Since our main source of revenue is the annual Conference, the Steering Group and the Treasurer have focused much of their energies on finding locations and Co-Directors for Conferences 2011 through 2013, as well as supporting the development of the 2010 Conference with Co-Directors Mark Johnson and David Schwing. (Please see the 2010 Conference report for more details on our upcoming Conference.)

Although we have made significant progress in finding locations for future Conferences, we are aware that in the past few years, much of the Steering Group's time and energy has been "tied up" in finding Conference Co-Directors.

The Steering Group's over-expenditure of energy around the Conferences leads to less energy being spent on supporting and/or developing other areas of our organization, for example Membership and Research, and to fully connecting and integrating the work that is being done in the Electronic Communications, Training, Newsletter and CE subsystems. The Steering Group will take this back to the next Board meeting for further exploration, as one of our goals as a Board is to foster developing leadership abilities in our membership. See the Board of Directors Report to the membership for an

update on leadership development and the Conference Co-Directors 2011.

We look forward to exploring and understanding ways in which the organization can more effectively support emerging leadership energy in our organization.

- Susan Gantt ([sgantt@systemscentered.com](mailto:sgantt@systemscentered.com)),  
Dorothy Gibbons ([dorothygibbons2@yahoo.com](mailto:dorothygibbons2@yahoo.com)),  
Joy Luther ([joyluthersoffice@gmail.com](mailto:joyluthersoffice@gmail.com)),  
Michael Silverstein ([silverstein@rowan.edu](mailto:silverstein@rowan.edu))

## **CONFERENCE 2010**

The planning for the 2010 Conference is well underway. It began with the preliminary forming of our Conference Coordinating Group (CCG) at the San Francisco Conference last April. Our Conference theme is "Building Communities by Integrating Differences" – with the goal of having a Conference and program that open boundaries from SCT to other systems and within our own organizational system. We are hopeful that this Conference will continue to grow both in numbers and quality.

### **Institutes:**

In response to Conference 2009 feedback, in addition to our vibrant weekend Institutes of Foundation, Container Training, Introductory and Advanced SAVI Trainings, Bodydynamics, AIG (Authority Issue Group), and Advanced Training for Trainers, *we are adding a New Institute this year: "An Introduction to SCT and It's Applications."* The goal of this Institute is to offer a program with wide appeal for both new and experienced members. The Institute will also be an opportunity for a cross-fertilization of ideas presented by SCT members with training in advanced Clinical and Organizational Development applications.

### **Conference:**

The Conference program is largely in place with trainings in the morning and workshops in the afternoon. The well attended Drop-ins include the latest theory presentations (for those pursuing a theory track) and experiential protocols (for those pursuing practice).

We have accepted many new proposals for afternoon workshops this year that build on the theme of "Integrating Differences" including a *highlighted Friday Afternoon Session* on the "Neurobiology of Functional Subgrouping" with Marianne Bentzen representing neuro-affective psychotherapy and Yvonne Agazarian representing SCT.

In building this Conference, the Conference Co-Directors and Administrators along with the CCG are working with the following themes and goals as we strive to increase attendance in April:

- We are organizing with local Philadelphia members and volunteers to work along with the Conference Public Relations group to do community outreach and "get the word out" about the upcoming Conference.
- The CE group is working to offer CE's for local members in as many fields as possible to encourage people to attend.
- We are developing a new role of Conference Concierge -

hopefully a local person to help us with local information and activities to make the Conference experience even more enjoyable.

- Making the boundary permeable to new people coming to SCT by orienting newcomers that at SCT Conferences we do training in the morning and workshops in the afternoon. Also, if this is someone's first Conference or they are not formally in an SCT training group, they will be directed to the Foundation training.
- Building on the energy and excitement of returning to the East Coast and to Philadelphia - by encouraging people in East Coast training groups to attend the Conference.
- Using SCT as a lens as we think about and do our work.
- Answering the question: "Does SCT help you do something you could not otherwise do?"

With the exception of the Concierge role, all the CCG roles are filled. However, we are open to developing successors to the roles and would like those who have energy to participate to contact the Conference Co-Directors (contact information below). All the roles are an opportunity for advanced training and professional development.

Current CCG members and their roles are: Elaine Pratt – Fundraising (working with Susan Beren, Verena Murphy & Debbie Zeigler); Bonnie Macbride – PR Coordinator; Heather Twomey – CE Coordinator (working with Jan Quirl to transition out of the role); Verena Murphy – Pre-Registration Coordinator; Kathy Lum – Administrator, Registrar and Bursar, On-Site Staffing; Jan Vadell – On-Site Logistics, Hotel Liaison.

We welcome you all to the 2010 Conference!

*-Dave Schwing (davidschwingsw@aol.com),  
Mark Johnson (drmarkj@valley.net)*

## **CONTINUING EDUCATION**

---

The group welcomes Heather Twomey as the newest member to join our ranks. Heather has stepped in to fill the important role of Conference CE Coordinator. She has experience in many aspects of the organization, and prior experience in a work role around CE's within the Conference system. We are excited to have Heather on board.

At the same time, we are sad to see Jan Quirl leave the Conference CE Coordinator role. She has been an active member of our group for over seven years. Jan is leaving to take up an exciting role in another area of her life. While she is leaving the role and turning her considerable enthusiasm and energy in another direction, she is sticking around to help mentor Heather into the role, and may also continue in a work role capacity within the Conference CE system. Many thanks to Jan for her many years of service, and for the expertise, reliability, and the friendship she has offered along the way.

In other news, we are sad to say it is unlikely that we will offer Continuing Medical Education Credits (CME's) at the 2010 Conference. We have offered these for the past three years, thanks to Norma Safransky's "labor of love" in getting the Northeastern Society for Group Psychotherapy (NSGP) to co-sponsor our Conferences—thus allowing us to provide

CME's through them. Due to changes in which NSGP qualifies to offer CME's, the costs have risen sharply and are no longer within our budget. Norma has researched a number of other avenues for offering CME's, but all require a minimum of \$1,500, and at the present time there is not enough demand for CME's to cover this cost. One of the directives from the SCTRI Board of Directors is that the cost of CE's be covered by the members receiving them, so that this does not become a financial drain to the organization. If you have any ideas on how to continue getting CME's, Norma would love to hear from you (ssafransky@nc.rr.com).

The 2009 Conference was a success from a CE perspective. As an organization, we offered CE's for psychologists, social workers, family therapists, licensed mental health professionals, group therapists, and medical personnel. With the exception of the CME's noted above, we plan to provide this level of CE's for 2010. We are an approved provider for the American Psychological Association (APA), which is useful since credits approved by them are accepted by many professional organizations, both state and national. There are exceptions however, so check with your certification or licensing board. (For example, a separate application is needed for LMHC's and LMFT's in Massachusetts. Steve Weinstein applies for them, while the CE Work Group supports his efforts through providing backup material.) If you are interested in applying for separate CE's, find out what is needed from your certifying board, then contact either Heather Twomey or myself to discuss how to proceed.

As always, the CE Group would love to have new members who are interested in experiencing an efficient systems-centered work group in action, while having some fun. If you are interested in joining us, or have any questions about CE's, please feel free to contact me.

*-Dick Ganley (dickganley@aol.com)*

## **CURRICULUM DEVELOPMENT**

---

The Curriculum Development Group is happy to announce that we have updated the website entries! By going to the link for "SCT Training Program" under the Training tab, members can access detailed descriptions of the training levels:

- Exploration – Exploring SCT
- Foundation training – Learning SCT
- Intermediate training – Applying SCT
- Advanced training – Putting SCT theory, methods and techniques together in practice

We are specifically encouraging members to consult this resource in preparation for attending the annual Conference in order to better understand the criteria regarding any institute or workshop offering they might choose. We welcome feedback about the accessibility and utility of the website information. Below is a sampling copied directly from our website:

Moving through training levels:

*"Movement through training levels is based on meeting the basic criteria and outcome goals of each level of training. "Readiness" to take the next steps is determined by self-assessment, consultation with trainers, mentors and peers to*

see where one has met the goals and where one needs more work. Moving through any training pathway in SCT is paced by each individual's time, energy and resources, and by development of skills appropriate to each training level.

To find out more about each Training Level, explore the links under SCT Training Program in the left hand column."

Head to:

<http://www.systemscentered.com/Training/SCTTrainingProgram.aspx> to be directly in touch with the information to help you decide which conference options fit your level of training and interest.

-Claudia Byram ([claudia.byram@verizon.net](mailto:claudia.byram@verizon.net)),  
Fran Carter ([carter2229@aol.com](mailto:carter2229@aol.com)),  
Dorothy Gibbons ([dorothygibbons2@yahoo.com](mailto:dorothygibbons2@yahoo.com)),  
Mark Johnson ([drmarkj@valley.net](mailto:drmarkj@valley.net)),  
Madeline O'Carroll ([madathome.moc@virgin.net](mailto:madathome.moc@virgin.net))

## **ELECTRONIC COMMUNICATIONS**

Our main report is in the form of the web-related announcements scattered through this Newsletter, describing new functionalities on the SCTRI website. At last members can download SCT training materials, and groups of members or training groups or SCTRI Action Groups can have "spaces" on the website to discuss, post documents, etc. These spaces are called Forums – go and check them out! The next major project is increasing the ease and satisfaction of use by members and visitors. As that goes along we will also be looking at a visual overhaul of the site. Function first, looks second!

- Members of the Electronic Communications Group  
Contact Person: Roelof Langman  
([Roelof.langman@gmail.com](mailto:Roelof.langman@gmail.com))

## **RESEARCH**

Rich O'Neill and Susan Gantt finished the new Functional Subgrouping Questionnaire. Susan administered it to over 500 subjects at the International Association for Group Psychotherapy Congress in Rome, Italy this summer. Rich has had the data scored and entered into a data file for statistical analysis. The next step is to compare some of the results from non-SCT groups at the IAGP Congress to data on SCT groups (some already collected and some yet to be). Rich will be presenting the questionnaire and the findings at the American Group Psychotherapy Association's Conference in San Diego in February.

Rich has also finished the statistical analysis of a study examining the relationship of functional subgrouping to member mood, goal achievement, and learning, in two SCT Conference large groups.

The European Research group continues the preparations for comparing the results of Systems-Centered Therapy and Cognitive Behavioral Therapy in mental health care settings.

Verena Murphy is coding the communication pattern of a top management team from Berkeley, California. This emergent collaboration is a direct result of last year's research presentation at the SCT Conference in San Francisco, which

Jennifer McDougall, a member of the management team, attended. She has made several hours of audio recordings available for analysis. Verena will compare the results with a city council that used the same communication structure, "Robert's Rules of Order," and see how both compare to two teams already analyzed, which had used the systems-centered structure. The result will be presented at this year's Conference.

If you are curious about research, we welcome you to join our group!

- Rich O'Neill ([oneillr@upstate.edu](mailto:oneillr@upstate.edu)),  
Jale Punter ([jalepunter@doctors.org.uk](mailto:jalepunter@doctors.org.uk)),  
Verena Murphy ([vmch99@hotmail.com](mailto:vmch99@hotmail.com))

## **SYSTEM MENTORS**

A major focus for the System Mentors during the last months has been to explore the information/data held by members who started the licensing process and left before completing it. It seemed likely that these members hold valuable information for the system, and that it could be a driving force for the licensing process, and possibly for the members themselves, to create a channel for that communication to happen. With that information, we asked these members to come to a phone meeting with the following invitation: "We, System Mentors, would like to meet with any or all of you who have over the years chosen to leave your licensing groups. We are particularly interested in any of the restraining forces to continuing with your licensing and any additional information you would like to put into the larger system."

We then reserved the telephone bridge for two meeting times and were satisfied to have two rich and functional meetings. Members shared and built on information about their experiences and the contexts in which they made their decision to withdraw from their licensing groups. A big satisfaction was the number of members who attended and contributed information that will be a rich resource for the development of our system-as-a-whole. Our next goal is to continue to find ways to bring this information/energy across the boundaries into the larger system and process it in a functional way.

- Claudia Byram ([Claudia.byram@verizon.net](mailto:Claudia.byram@verizon.net)),  
Fran Carter ([carter2229@aol.com](mailto:carter2229@aol.com)),  
Susan Cassano ([susancassano@sbcglobal.net](mailto:susancassano@sbcglobal.net)),  
Susan Gantt ([sgantt@systemscentered.com](mailto:sgantt@systemscentered.com)),  
Sven-Erik Viskari ([sven-erik.viskari@telia.com](mailto:sven-erik.viskari@telia.com))

## **TRAINERS**

Our group has met one time since our last report, actually a very exciting meeting where we reviewed the significant changes in our growing pool of Trainers at the Conference!

To mention just a few, we had "hurrahs" for:

- Erika Ekedal for stepping into a training role with Rich O'Neill in the Intermediate Skills Training Group;
- Ray Haddock and Susan Lange for their co-leadership with the Intermediate Experiential Group;
- Claudia Byram and Joy Luther in the development of

their co-leadership of the Three-Year Intermediate Group;

- Phyllis Goltra for her leadership in the Foundation Observer's Group, finding hard data about leader interventions and co-leadership;
- Fran Carter and Rich Armington, for pioneering the use of taped material in the Intermediate/Advanced Consultation Group.

And these were just the ones we had time to discuss!

We were pleased to find the hiccups too. As it relates to the Intermediate Skills Training application process, the criteria for application and related deadlines will be clarified and specified with the next application sent out. Of note, when a training group leader recommends a trainee to this level of training, it does not mean that the applicant is assured acceptance. The leaders of the Intermediate Skills Training are the ones that will determine readiness, based on the application as well as consultation they may have with the applicant's local trainers.

We clarified that trainees wanting to take the step into

Intermediate Training (Skills or Experiential groups), are encouraged to go to the website and read about the criteria, and then discuss their own sense of readiness with their local trainer before contacting one of the trainers of the intermediate level training group.

In general we are very satisfied with the development of the training system's communication and coordination throughout the system – across particular trainings, training levels, and geographical areas. This Conference in particular showed us the degree to which members are progressing through the training program, and we are appreciative of identifying our own, and the system's leading edges for training.

So there you have it – Hurrahs for everyone!

-Rich Armington ([armington@gmail.com](mailto:armington@gmail.com))

## MEMBERS FORUM

*This is a community forum for posting announcements on related trainings, personal life events, awards, letters to the Editor, and responses to articles that have appeared in the Newsletter.*

### CONGRATULATIONS

**To our newly licensed SCT Practitioner!**

**Elaine Dinitz**

Rich O'Neill and Verena Murphy presented a workshop entitled: "Building Better Boards: A Systems-Centered Simulation" at the 17th Annual Conference of the Institute of Behavioral and Applied Management (IBAM) in Washington, D.C., Oct. 1, 2009.

Verena Murphy presented a paper on "Becoming Savvy Using SAVI®: The System for Analyzing Verbal Interaction as a Research Tool" at the 17th Annual IBAM conference in Washington, D.C. October 2, 2009.

Neal Spivack published a paper in the *International Journal of Group Psychotherapy*: Spivack, N. (2008). Subgrouping with psychiatric inpatients in group psychotherapy: Linking dependency and counterdependency. 58(2), 231-252.

#### LETTER TO THE EDITOR:

The Other "R" in SCT®RI

Through the licensing track, SCTRI is solidifying its processes to maintain the quality, reliability and validity of the registered trademark "R" in SCTRI. The energy is becoming more organized for those members who are on the licensing/re-licensing track or who are interested in getting licensed. As a result, there is a reduction in the system's energy requirements that came from the "unknown" of developing this licensing track. This now frees up some system energy for other purposes. I'd like to propose that we start putting more energy in the research "R" of SCTRI. I'm not thinking that we should all put on white lab coats or start passing out validated forms to collect data. We can take an easier collective step by asking questions about the SCT theory and methods that we are using to build our organization.

This SCT Newsletter serves as our organization's journal.

As a journal for our theory-based system, this is our best context for collectively asking questions about the theory and its implementation. These would be the "who, what, why, how" as well as "who not, what not, why not, and how not" questions and observations based on our clinical and organizational experiences in using the SCT theory and methods. By asking these questions, we would build an organization that more frequently asks challenging questions of itself – not the one's where all SCT practitioners and clients end up looking like the residents of Lake Wobegon – the women are strong, the men are beautiful, and all our clients are above average in their outcomes!

As a starting point, here are a couple of stimulating lines of questioning:

In SCT, we know a lot about the kind of unnecessary pain that comes from personal self-centeredness – taking things "just personally." Is there a different sort of personal pain that

is created in our SCT work with clients by thinking “just system-ly?” How do we think about that? Our “less than ideal” outcomes probably aren’t all explainable by SCT terminology, timing or technical errors. Every psychological theory and method that I know about has individuals and settings that are not a good match for the interventions. How do SCTRI practitioners better identify these individuals and settings? Also, how do we integrate other theories and hybridize SCT approaches when pure SCT theory and practice don’t fit a particular client or treatment setting?

Another set of questions is internal to SCTRI. Such as, what are the unintended consequences of a highly structured licensing process? What are the unintended negative consequences of having just one way to be qualified to practice SCT and be publicly endorsed as an SCT practitioner? Why not add a simpler certification process focused on subgrouping skills? What sort of membership and practitioner energy “drift” are we creating in order to prevent theoretical and practice “drift?” Are the risks of one drift worth the benefits of another drift to us as a newer organization? Once upon a time, in the mid-twentieth century, the specially trained psychoanalysts of AGPA (American Group Psychotherapy Association) were struggling with just such membership issues within AGPA. How are the licensed systems-centered practitioners of the twenty-first century organizationally going to deal with the impact of membership differences within SCTRI and the recruitment of other professionals to SCTRI? Who’s out, who’s in and how will we keep an eye on how SCTRI can manage internal and external differences and remain the most vital, varied and vigorous organization that it can be?

With this kind of skeptical questioning alive in this Newsletter, our organization will reduce a natural system tendency towards the overly similar and rigid “group think” which will flatten out our energy, reduce our membership potential, and reduce our ability to integrate with other theoretical approaches that work with people and institutions. Our questions hold the potential of new information for system discrimination and integration. As we know from SCT group work, the skeptical subgroup holds a reality-testing function for the group. Isomorphically, our organization will be better able to see reality and we will probably feel more trust in SCTRI by giving voice and building a context to ask these kinds of questions.

If you agree, please start writing letters to this Newsletter about unintended consequences you are experiencing when using the SCT methods or “thinking systems.” Write in questions you have about how we are building this organization. Maybe we can have some point-counter-point type dialogues about these questions. And let’s ask the questions where we don’t have set SCT answers. Then we can better see what is tested (and retested) information and what is compliant and redundant group think.

Asking interesting and challenging questioning is the heart of research. Together in this Newsletter, we can add research energy to the other “R” in SCTRI.

- John Straznickas ([john.straznickas@med.va.gov](mailto:john.straznickas@med.va.gov))

N.B. Through the collaboration and encouragement of Bettie Banks, Michael Robbins, Susan Karpenko, and Katherine Straznickas, I am daring to submit this piece. I thank them for their company and containment as I think and feel “somewhat differently.” I thank SCT training and our trainers for helping us all to better tolerate this kind of challenging dialogue.

### **Our First Experience of Leading a Systems-Centered Workshop at an International Congress**

The workshop finished with applause. Several participants later told us that they had enjoyed our workshop and found it interesting.

This was an hour and a half workshop at the International Association of Group Psychotherapy and Group Process (IAGP) Conference in Rome, introducing functional subgrouping as a conflict resolution method, particularly applied to model differences between clinicians. We had planned the structure such that after a short theoretical introduction, we would run an experiential group. We consulted on our design and practiced in our training group. We obtained a single project licence from SCTRI so that we could represent SCT publicly.

Although we had both individually presented SCT at our work contexts, this was a first at a Conference and a first working as a leadership couple. You can imagine that a lot of the preparation involved undoing our negative predictions that were triggered by the new situation.

After welcoming our group, orientating them and introducing ourselves, Cristiana gave an overview of the theory of living human systems. She illustrated the theory by drawing a circle containing “Yes” and “But”, leading to subgroup circles containing increasing differentiation of little and big Y’s and B’s, culminating in an integrated and more complex circle. Jale then started off the experiential section, by asking members to join with similarities and hold their “But’s” until the first subgroup had worked, and to say “anybody else?” after they had said their piece.

We found that we worked well as co-leaders, identifying subgroups, forks in the road and vectoring members to explore one side or the other. One subgroup sat on the fence. Soon we had an anxious subgroup emerge which gave the opportunity to undo anxiety as a subgroup. Before the hour was up, another subgroup had identified irritation with the structure. The three holding irritation were familiar with either the method, or us so we hypothesize that they felt comfortable going a little faster. We observed the group oscillate between being brave and irritated or anxious and slowing down.

On the day of the workshop, Jale’s strongest negative prediction was that we would get too few attendees. This was not founded as we had a comfortable group of 10. The negative prediction of messing it up, we undid by centering, practicing and telling ourselves that we were the two people who knew most about SCT in the room.

It was an extremely satisfying experience to find our authority and confidence and we discovered that the IAGP is a fine place to run a workshop.

- Jale Punter ([jalepunter@doctors.org.us](mailto:jalepunter@doctors.org.us))

Cristiana de Rysky  
([cristiana.derysky@southessex-trust.nhs.uk](mailto:cristiana.derysky@southessex-trust.nhs.uk))

# Systems-Centered® Training & Research Institute Presents

In celebration of Yvonne's 80<sup>th</sup> Birthday

\*

## Contributions from Yvonne Agazarian and Systems-Centered Training

\*

### Table of Contents:

Introduction: The Achievements and Influence of Yvonne Agazarian *by Susan Gantt*  
4 Papers from the Friends Hospital Training Series: Fall 1992-Fall 1995 *by Yvonne Agazarian*  
What Are Groups Made Of: The Discovery of Subgroups *by Ken Eisold*  
Two Perspectives on a Trauma in a Training Group *by Earl Hopper & Susan Gantt*  
Role, Goal and Context: Key Issues for Group Therapists & Group Leaders *by Christer Sandahl*  
Application of SCT to Psychodynamic Models of Group Psychotherapy *by Walter Stone*  
Bibliography of Yvonne Agazarian, Photograph and Biography

***Pre-order your copy today!  
(to be published in the Spring of '10)***

*Proceeds from these sales go to SCTRI, a non-profit organization.*

For more information: Contact Kathy Lum, Administrator at 404-378-5709 or  
admin@systemscentered.com or visit our website at [www.systemscentered.com](http://www.systemscentered.com)

### **Continuing Education (CE's) for SCT Training**

SCTRI is approved by the American Psychological Association to sponsor continuing education for psychologists and offers CE's for psychologists at the Annual Conference and at Core Curriculum training events (Skills, Mentor and Authority Issue training groups). We also seek CE's on a local basis for social workers, mental health counselors, and marriage and family therapists in the area in which the Annual Conference is held. Trainers may also provide CE's for psychologists for training events they lead.

Certificates of attendance can also be obtained for the Annual Conference and Core Curriculum trainings and through individual trainers, with the member submitting these to their professional organization for possible acceptance as CE's.

SCTRI is interested in providing CE's for other professions if members are willing to provide the time, energy, and resources (emergent energy) to obtain provider status for offering such credits. If you are interested in further information about obtaining CE's, please contact Dick Ganley, CE Group Liaison, at [dickganley@aol.com](mailto:dickganley@aol.com) or 610-664-5730.

### **FORUMS on the SCTRI Website**

#### **What is a FORUM, anyway?**

Become acquainted with the SCTRI website's communal spaces - the Forums. These "spaces" let you post and reply to messages, share documents, archive minutes, etc.

Each Forum title lets you know what it is about - and a click lets you receive emails from Forums you want to follow.

#### **Open Member Forums**

***News*** - Organizational news and other information of broad interest.

***Subgrouping Online*** - Several tops started by members. Join and build!

***Experiences with the New Website*** - Open to all. (Feedback is very useful by the way.)

***After the 2009 Conference*** - Open to Conference participants to subgroup around their experiences.

The Forums are on the website at [www.systemscentered.com](http://www.systemscentered.com)

Some of you will see other Forums for particular groups you are a part of. If your group thinks a Forum would be useful for posting and building information, get in touch with Roelof Langman of the Web Group ([roelof.langman@gmail.com](mailto:roelof.langman@gmail.com))

# Systems-Centered® Training Annual Conference 2010

**Philadelphia • April 24-30**

**Program will be available in November 2009!**

Name: \_\_\_\_\_ Degree: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_

**\*Join SCTRI now and save on registration fees**

\$125 new member   
  \$175 membership renewal   
  \$50 full-time student  
 (more if you can, less if not)

I'd like to make a tax-deductible contribution to SCTRI

Registration	\$	_____
CE's (\$35) or CME's (\$50)	\$	_____
Monday Dinner (\$45)	\$	_____
Membership	\$	_____
Contribution	\$	_____
<b>Discount *</b>	<b>less</b>	\$ _____
Total Enclosed	\$	_____

**Send registration and payment to:**

SCTRI  
 PO Box 2118  
 Decatur, GA 30031 U.S.

or fax to 404-378-8970

Check enclosed (payable to SCTRI)                       Charge to my credit card:

Visa     MasterCard     American Express

Account Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Month/Year

Signature: \_\_\_\_\_

Required for Credit Card

**CONFERENCE REGISTRATION FEES**

**Save by staying at the Hilton Garden Inn! See discounts below.**

	Early Registration Nov. 1 – Feb. 28		Registration after Feb. 28	
	Member	Non-member	Member	Non-member
5-day Conference	\$795	\$835	\$820	\$845
7-day Package	\$1,190	\$1,275	\$1,245	\$1,305
2-day Institute	\$470	\$490	\$475	\$515
1-day Institute	\$235	\$250	\$240	\$260
1-day Conference	\$200	\$210	\$205	\$215

**\* Discounts available! Deduct:**

- \$200 if you are staying at the Hilton Garden Inn hotel & registering for the 5- or 7-day package
- \$150 if you are a first-time attendee from the local area & registering for the 5- or 7-day package
- 50% off your registration fee if you are a full-time student

**Refunds and Cancellation Policy:** Full refunds minus a \$50 processing fee until March 15, 2010. After this date, no refunds will be made.

SCT® and Systems-Centered® are registered trademarks  
 of Dr. Yvonne M. Agazarian and the Systems-Centered Training and Research Institute, Inc., a non-profit organization.

# Systems-Centered<sup>®</sup> Training and Research Institute Membership Application/Membership Renewal 2010

## Membership Benefits:

- Bi-Annual SCTRI Newsletter
- SCTRI Membership Directory
- Membership Section of SCTRI Web Site
- Peer Mentorship and Consultation
- Lower Fees for Training Groups
- Monthly Drop-In Study Group on the Phone

## One must be an active member in the Systems-Centered Training and Research Institute to:

- Move to Intermediate level of training
- Apply for a license to use the SCT trademark
- Participate in the SCTRI Action Groups
- Be eligible for work exchange (WEX) program

*SCTRI members serve as mentors to one another and make themselves available for 10-minute free consultations.*

Please check appropriate box: SCTRI New Member  SCTRI Renewal   
 No change to my directory listing (fill in name & payment info only)

Name: \_\_\_\_\_ Degree: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Please add me to the SCTRI email listserv so that I can stay up to date on what's happening \_\_\_\_\_

Are you willing to host/house visitors from out of town or foreign countries? Yes \_\_\_ No \_\_\_

House \_\_\_\_\_ Host \_\_\_\_\_ Arrange for visit to hospitals or clinics \_\_\_\_\_

**Fees (more or less\*):** Introductory New Member Rate: **\$125** Renewal: **\$175** Full-Time Student: **\$50**

*\*Membership is available to anyone who wants to join. If you can afford to pay more than the stated rates, your additional contribution will further support the work of our organization. Otherwise, we welcome your membership for a fee at-or-below the stated rates. You are free to decide what is affordable for you.*

Enclosed is a check for \$ \_\_\_\_\_ payable to SCTRI, or

Charge \$ \_\_\_\_\_ to my Visa, MasterCard, or American Express

Credit card number: \_\_\_\_\_ Expiration date: \_\_\_\_\_ / \_\_\_\_\_  
month/year

Signature: \_\_\_\_\_

## Directory Information:

Discipline: \_\_\_\_\_

Specialties and Areas of Expertise: \_\_\_\_\_

**Send to: SCTRI Membership, PO Box 2118, Decatur, GA 30031 U.S.  
or fax to 404-378-8970**

*SCT<sup>®</sup> and Systems-Centered<sup>®</sup> are registered trademarks of  
Dr. Yvonne M. Agazarian and the Systems-Centered Training and Research Institute, Inc., a non-profit organization.*

## **Systems-Centered® News**

Systems-Centered Training and Research Institute, Inc.  
PO Box 2118, Decatur, GA 30031, US  
[www.systemscentered.com](http://www.systemscentered.com)



# **SYSTEMS-CENTERED® TRAINING EVENTS AND WORKSHOPS**

## ***Training Opportunities This Winter/Spring***

**Systems-Centered Training Workshop - Stockholm**  
January 18-20: 2 Workshops with tracks in Foundation, Intermediate,  
OD and Container Training

**SCT Annual Conference - Philadelphia**  
Institute: April 24-25 • Conference: April 26-30

**Systems-Centered & SAVI Workshops - London**  
June 14-17

Details and registration forms available on the web at  
[www.systemscentered.com](http://www.systemscentered.com)

## **More Inside...**