Systems-Centered® Training’s Functional Subgrouping: A Path to Koinonia in Pastoral Care

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The Theory of Living Human Systems (TLHS) aims to explain individual and group behavior; Systems-Centered Training (SCT) translates TLHS into methods for practice. SCT integrates many psychological practices but its signature method is functional subgrouping (FS). FS is used to discriminate differences within and between individuals and groups and to integrate them as resources in a more diverse, functional system, instead of scapegoating differences in systems fraught with conflict. This paper introduces TLHS, SCT and FS plus related research. It also includes reflections from three SCT-experienced ACPE supervisors who have used FS to create a form of koinonia in CPE training and chaplaincy. Lead author Richard M. O’Neill will be a plenary speaker at the Association of Professional Chaplains’ 2012 Annual Conference in Schaumburg, IL. He also will present a workshop titled “Working as a Systems-Centered Partner, Group Member and Leader.”

The Christian scriptures recount the story of Jesus preventing the crowd from stoning a woman for behavior different from the community’s norms with the words “Let anyone among you who is without sin be the first to throw a stone at her.”¹ Viewed through the lens of the Theory of Living Human Systems (TLHS), this illustrates the human tendency to fail to see similarity between oneself and others, who are perceived as too different, i.e., sinful, bad, and to stereotype, scapegoat and/or attack them.² Jesus’ words called attention to the similarity between the woman termed a sinner and the self-righteous crowd, which was blocking awareness of its own internal conflict between the sinful and the holy, and, in the process, projecting its sinfulness into the woman and scapegoating her.

A great challenge for chaplains, indeed for all human beings, is moving from an automatic, stereotyping, rejecting response when encountering the “too different” to accepting, respecting, learning from and even valuing these apparent differences in order to be open to commonality as creations of the Holy.

Theory of Living Human Systems (TLHS) defined

TLHS states that systems function to survive, develop and transform by discriminating and integrating differences as information.³ Systems are open and accepting of differences that are similar to the current organization of the system. Conversely, they are closed to that which is experienced as too different. In fact, psychological research has shown that the human mind rejects information about stereotyped others that does not fit preconceived ideas, but rather attends only to information that confirms individual bias. This, of course, prevents one from taking...
in information that would help revise one’s ideas to more accurate, compassionate, accepting, useful ones.

Chaplains are trained theologically and clinically. They are charged to minister to others without prejudice or discrimination. This mission is embedded in certification competencies and the Common Standards for Chaplains. Nevertheless, one’s personal background predisposes one—internally, at least—to view some behaviors and some of God’s children as more acceptable than others. As a result, some are experienced as unacceptable, difficult to tolerate or even disgusting. In fact, as the story of Cain and Abel in the very first book of the Torah demonstrates, deadly strife may arise over even seemingly small differences.

TLHS is designed to explain the behavior of all living human systems from individuals through dyads, families, extended families, groups of all sizes, organizations, communities, nations and even the human race. Systems-centered training (SCT) is a method built on TLHS. It is designed for managing communication within and between human systems in order to increase their capacity for effective functioning. In this context, functioning is defined as system survival, development and transformation.

Further, according to the TLHS principle of function, living human systems and their members survive, develop and transform from simpler to more complex systems through the process of discriminating and integrating differences. This theoretical principle is translated into practice via the SCT method of functional subgrouping (FS).

**Functional subgrouping (FS)**

The FS method is simple. Some members of a group-as-a-whole form a subgroup to share and explore a here-and-now experience by building on similarities rather than separating over differences. When the subgroup’s exploration of the similarity of a given experience comes to an end, a new subgroup may form to explore a different experience. (See Attachment A for specific instructions for FS behavior in a group; see Angelika Zollfrank for a case study of using FS in CPE training.) Instead of a divisive, separating “Yes, but” communication pattern, the system employs a resonant, affirming, “Yes, and.”

Rather than competing and conflicting with each other, different subgroups explore sequentially. Subgroups share the goal of discovering, exploring and integrating the differences in the system-as-a-whole. In the process, they undo thoughts and behaviors that undermine the system’s energy so that it has an increased capacity and energy to function and to reach its goals.

Translating the systems-centered approach using FS to the task of responding to the spiritual/religious needs of individuals, chaplains work to create a pastoral care system in which they and those they serve

- Identify the challenges and conflicts along with the sacred sources of meaning and support through empathic, intentional exploration of differences.
- Potentially transform these conflicts and challenges through an empowering spirituality in which one sees oneself located within an expansive system-as-a-whole of divine presence and guidance.

Strikingly, Agazarian claims that the FS communication pattern elicits an expression of *koinonia*, a Greek word and concept she first learned from Pat De Maré, a group theorist and personal friend. In a letter to Agazarian, De Maré wrote about the communication potential within a group in terms of “Koinonia ... communication, fellowship, intercourse ... belonging to everybody because it belongs to nobody ... Koinonia implies not personal and individualistic but impersonal friendship ... a democracy ... a form of togetherness of amity that brings serendipity of resources ... ‘communion’ as it’s understood in the Greek Orthodox Church.”

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In the Christian scriptures, koinonia is most often translated “fellowship” although sometimes “sharing” or “participation” are used. It includes both one’s relationship to God and to others within the community. Pastoral theologian Deborah Van Deusen Hunsinger makes the significant claim that “Koinonia is the fellowship that makes pastoral care possible.” SCT and pastoral care thus share a commitment to the quality of relating within community. The SCT hypothesis is that FS is a method for increasing this.

**Research on TLHS and SCT**

In her 1997 book, *Systems-Centered Therapy for Groups*, Agazarian observed and hypothesized the following:

> The conditions of functional subgrouping include several group dynamic variables that are directly connected to successful goal achievement. Subgroups come together around similarity, which increases cohesiveness. The task of each subgroup is clear. The working methods are simple and familiar. There is intense work energy, focused over a relatively short period of time, toward a clear goal in an environment of high cohesiveness. Thus, the probability of positive outcomes for members who join and work within functional subgrouping norms is high. A member’s subjective experience of subgrouping includes, on the one hand, the comfort of attunement and mirroring and, on the other, the intensity of involvement in a self-reinforcing activity.9

Initial studies of SCT groups have had mixed results but have provided some support for these theory-driven hypotheses and clinical observations. (See Attachment B for a summary of this research.)

O’Neill and Constantino’s quasi-experimental study compared the process and outcome of six systems-centered experiential training groups to two prior studies, which focused on American Group Psychotherapy Association Special Interest Groups (SIG).10 The O’Neill/Constantino study demonstrated that SCT group members

- Had more self-confidence.
- Had better member-to-member relationship quality and activity.
- Evidenced less group-as-a-whole level conflict and avoidance.
- Engaged more with the group task over time, a mark of successful groups.
- Evaluated leaders more favorably, another mark of successful groups.

Counter to hypotheses, however, the SCT groups showed less engagement relative to SIG groups. They also reported less learning about self-peer relationships and authority-leadership, but simultaneously reported the high overall level of learning characteristic of successful groups.11

**Additional studies**

**Measuring functional subgrouping across time**

O’Neill, Smyth and MacKenzie used the SCT Functional Subgrouping Questionnaire (SCT FSQ) to measure functional subgrouping across time in two SCT experiential training groups.12 These group members were being trained to use FS along with SCT Stages of Defense Modification skills to undo their own anxious, depressive and other defense-related experiences.

Supporting Agazarian’s hypotheses quoted above, results showed the following:

- FS is experienced positively, and group members do more FS over time.
• More FS predicts less emotional distress for group members.
• More FS predicts more goal achievement and more learning on some dimensions.

However, the researchers stated that the SCT FSQ has limited data on its reliability and validity; therefore, the results should only be viewed as suggestive. Also, the research design was correlational; thus, no cause-and-effect conclusions could be drawn.

**Studying FS relative to mood, learning and goal achievement**

Building on O'Neill/Constantino’s and O'Neill et al.’s findings, O'Neill, Constantino and Mogle used the SCT FSQ to study functional subgrouping, mood, learning and goal achievement.13 Two large SCT experiential training groups were studied. These group members also were being trained to use FS and the SCT Stages of Defense Modification skills to undo their own anxious, depressive and other defense-related experiences.

Results showed that pre-training mood did not predict the amount of FS during training. That is, members did similar amounts of FS regardless of their moods at the start of the training. Also as predicted, after controlling for pre-training mood, more FS predicted better mood/less emotional distress after training. In addition, results showed that, controlling for post-training mood, more FS was unrelated to post-training reports of learning about self-peer relations, marginally related to learning about authority-leadership and significantly related to more overall learning and more goal achievement.

This was a partial replication of O'Neill and Constantino (2008).14 Similarly though, O'Neill et al. urged caution in interpreting the results, in this case noting that the SCT FSQ had adequate but limited reliability and validity data, and that the research design did not allow cause-and-effect conclusions.15

**Assessing productivity**

O’Neill, Murphy, Mogle, MacKenzie, MacGregor, Pearson and Parekh compared both verbal behavior/productivity and the process/creativity of work groups using either SCT methods or Robert’s Rules of Order to guide their functioning with the following results:

• SCT groups were more task-focused.
• SCT groups talked more collaboratively, as measured by the System for Analyzing Verbal Interaction® (SAVI).16
• SCT groups were more productive and more creative than groups using Robert’s Rules of Order.17

**From theory and research to practice – reflections from chaplains/CPE supervisors**

We, coauthors of this paper, are both CPE supervisors and clinical chaplains. We have been members of a monthly SCT training group led by the lead author for several years. We have been studying TLHS and using SCT methods to develop ourselves as CPE supervisors and chaplains to enhance our ability to develop koinonia.

We are in various stages of relationship to TLHS and SCT and offer the information below as sub-system/sub-group voices reflecting our process of discriminating and integrating the differences between our current understanding of ourselves as CPE supervisors and chaplains guided by TLHS and SCT. We invite you to read our reflections to see if you discover any resonance within yourselves for our various subgroups as we create reflective, learning communities committed to koinonia.
Reflection 1 – Robin Y. Franklin

I have come to writing this article fighting with what I deem as the unnecessarily complex language of SCT and FS. I have found this process to be one of the most irritating, maddening and unnecessarily complex approaches that I have used in my attempt to help CPE students become chaplains who are self-aware, accepting of the experience of the other, self-differentiated and genuinely empathic. Despite the struggle, I also am drawn to the way in which FS helps people accept and become more comfortable with ALL aspects of the self, e.g., anger, love, hate, irritation, helplessness. Isn’t this what our patients struggle with as they deal with illness, death, alienation from family/God, hope and sometimes a new normal—spiritually, physically, sociologically and psychologically?

To illustrate how I use FS in my role as a CPE supervisor, I would like to highlight an incident which occurred during an interpersonal relationships group (IPR). One of my students was struggling with being “resistant” (his word) to FS. There were many images floating around in the group’s discussion, and he could not see his way in to join because the images were “not real.”

Toward the end of the session, he told the group that he hated the approach and felt stuck. His fellow group members clearly did not want him to be stuck and worked a little to try and convince him that the water was fine. He could come out to play. I reminded him that there was room for all experiences including resistance in the group and that it was likely he was not the only one feeling resistant/stuck.

He got a join, that is, another group member said that s/he also was feeling resistant/stuck at that moment. I added that he might discover something if he explored his resistance in the group as an important voice for the group-as-a-whole. It was not an experience he had to abandon. As we shared surprises and learnings at the close of the group, he stated that he was surprised to find out that he could explore his resistance/stuckness and that he did not have to be open if that was not his experience.

Of course, feeling stuck and resistant is an experience common not only to IPR members but to our patients and to human beings in general. Ironically, he was joined with the experience of hating the practice of joining and being joined, and he felt more open to exploring and knowing his resistant self. Koinonia. Presumably he, and all the group’s members who shared this experience, will be more open to accepting the experience of resistance in their future encounters, be they with patients, parishioners or supervisees.

Reflection 2—William Reynolds

As persons and chaplains, we live, relate and work within systems. A significant contribution of Agazarian’s work is the shift in perspective from focusing on the individual person to seeing the systems in which we as persons live and relate. Recognizing the multiple systems in which hospital chaplains—and the patients/families we serve—are involved enhances our pastoral practice by making us more aware of diverse feelings, forces and dynamics, which operate within any system and influence our perceptions, experience and behavior.

As chaplains, we are part of a helping system—a pastoral care system—which often includes family members as well as patients. A primary goal for the chaplains is to attune to their here-and-now experiences, to practice attentive and careful listening to them “at the point of their need.” Chaplains work to create a caring pastoral system with the patients/families, and at the same time, we enter a much larger and expansive system that includes other team members, the institution and the larger community of care. From a theological perspective, this larger relational system includes the God “in whom we live and move and have our being.”
From the SCT perspective, this is conceptualizing ourselves as existing in a hierarchy of systems. Personally, I find TLHS/SCT helpful in my work as a hospital chaplain. It may be useful for other chaplains to realize that we are part of a system and that thinking of ourselves from this TLHS/SCT point of view makes available potential information, awareness and wisdom for working in the present.

According to TLHS, all human systems are self-correcting. This is accomplished by identifying, discriminating and integrating differences. There often are multiple and sometimes conflicting subsystems—intrapersonal subgroups—within the person, e.g., I want to get better, I’m tired of fighting this hard. Certainly different and sometimes conflicting emotions and thoughts exist among family members, e.g., I think we should do everything, I think she’s suffered enough.

One of the goals of pastoral care that relates to TLHS is to be open to, resonate with and accept all the differences present within the system. As Carl Rogers phrased it, we practice “unconditional positive regard” within the context of differences and conflict so that all feelings and perspectives may be expressed. From an SCT perspective, this means that the chaplain works to create an overall system for all present that is accepting of all of the different subsystems in the system-as-a-whole.

In a CPE group that practices SCT, students consider the concept that our experience is profoundly influenced by the context of the hierarchy of systems in which we exist. As a step in using FS in the here-and-now context, they learn to attune to all that they are experiencing, including their apprehensive experience, e.g., bodily sensations, emotions and images.

A student who learned through the FS process to be more aware of and to “make space” for what she was experiencing in context utilized the SCT practice of “centering”: attuning to the cognitive and emotional subsystems within oneself. The goal is to be more attuned to one’s experience in the present in order to have that experiential information and energy available to deal with the present reality. The assumption is that one’s present experience is generated either by one’s thoughts or as a direct response to the immediate experience of one’s world.

While centering, one lets go of any thoughts that distract one from immediate experience and opens up to the information in one’s emotional experience as information about the present. This experience then serves as the basis for FS, for joining with others to accomplish the goals of the system in which one is currently a member.

The following is her description of being paged to the emergency room dealing with an accident involving a van carrying Amish families. There were several fatalities and critically injured patients.

I centered myself. I could not help but wonder what the rest of the trauma team members—physicians, nurses, social worker—felt. I felt a rush of energy move through my body as if someone were chasing me. I felt grief, sadness, compassion, abandon, curiosity and love as I looked around the room and made eye contact with several members of the trauma team. The energy was extremely high, which was something I had not dealt with in a long time. Thoughts kept trying to penetrate as I acknowledged this fact and shook hands with it, then let it go.

Every fifteen minutes a Mercy Flight would land, everyone’s energy would fire up once again: rushing, waiting moving from one patient to another. I was aware of each team member’s subgrouping, collaborating with one another, each functioning as a unit in motion. As the voice of one member called out, another member responded instantly as they made eye contact. It was an amazing dynamic experience.

While centering, I constantly noticed my breathing and the physical sensations of my body, such as the tightness in my back and around my shoulders. Feeling the anxiety and excitement of those around me, I held both energies within myself as well. I even did a
Reflection 3 – Terry Ruth Culbertson

Many of us who did CPE years ago still have memories of being confronted in IPR. The pains of being “hot-seated,” embarrassed and broken down were traumas in our training to become certified chaplains. I still remember some of the very unpleasant things that happened in our IPR. In the twenty years since I became a board certified chaplain, I haven’t given much thought to the theoretical underpinnings of that method of group process. It was mysterious—certainly something only the CPE supervisor understood—and I didn’t see how it was beneficial to my continued growth as a chaplain.

When I began ACPE supervisory education and training in 1999, I struggled to find a group process theory that fully embraced the theology of engaging with the whole person, one that was compassionate, educational, beneficial and connected to pastoral care. I believe that TLHS, with the accompanying SCT method of practice, is such a theory and one that holds great promise for us as chaplains. Although it is becoming more widely known in CPE thanks to Joan Hemenway’s book *Inside the Circle*, I expect not many chaplains are familiar with it. My reflection is aimed at adding to the fundamentals of this theory as well as illustrating how it may be beneficial to our pastoral ministry as chaplains.

In the here-and-now group process, members share their feelings and experiences and are joined by others in the group. The goal is to develop resonance and an increase of compassion through recognizing that we as humans all share similar universal experiences, such as anxiety, fear, disgust and courage.

My theology includes the belief that God has created us in God’s image and therefore understands and accepts all our humanity in its brokenness. In an SCT group, there is a powerful sense of being heard and of being joined. This allows individuals who may feel pushed out by others or by self to feel joined by those with similar here-and-now emotional experiences and thus to become connected by our common humanity. Koinonia.

How does all this translate to our practice as chaplains at the bedside? When we visit patients/families, we cross a threshold into their worlds. These may contain terrific suffering, great fear, anxiety, worries and/or concerns as well as celebrations and joys. We reach within ourselves to affectively join with them, to find within ourselves a resonance that draws us to them. This doesn’t mean we self-disclose what we have been through, rather that we use all within ourselves in our broken humanity to be more present, more available.

For example, this morning when I came to the hospital, I learned that an 8-month-old baby girl had been brought to our ED and died. Immediately, I connected to the stillbirth of my second daughter and the deep grief that will always dwell within me. I called upon my internal resonance, all that I had gone through and all I had struggled with in my loss to approach B as she held her dead baby girl in her arms.

No words were needed. Indeed, words may even have been hurtful at this time. Instead, I joined her in empathic concern and resonance. This is the ministry of presence. This is bearing witness to the pain.

“She’s beautiful,” I said. “I don’t understand what happened.” B wept, “Look at all the monitors on her. It doesn’t make sense. It hurts so bad.” I responded, “You love her so much. You will always be her mother.” We were joined in the same subgroup of mothers of dead children, having a similar, very painful, intensely human experience even though the circumstances were not
identical. Hours later, when B surrendered her baby to the medical examiner, the prayer out of our shared Christian faith was “May God fill your empty arms with his beloved Son that you may be held and hold the Holy close and be comforted.” This prayer helped to put the pain of this experience into the comforting context of God.

SCT has taught me in a powerful way the importance of paying attention to both head and heart, to let them inform each other and to use that in service to those we minister with. This is so important with patients/families whom we may experience as looking too different or acting too different from us.

Another example of using SCT in my ministry relates to the struggle to find similarity with someone with whom I find it hard to connect. In a difficult end-of-life pastoral situation, my internal dialogue might go like this: “I see I am judging this family. They appear to be uncaring towards their mother. They are sitting here seemingly not connecting to her, despite the fact she is actively dying. Oh, I remember now, when my father was dying it was hard for many of my family to be present to him. They were in shock, in pain. All they could do was sit there and be present.” As I open myself to this family’s experience by noticing the similarity within myself, I am able to enter the room and say, “I’m here to be with you. May I come in? May I sit with you?”

It’s as simple as that—and as profound. I see SCT and FS as offering an opening to the Spirit that moves us in ways that allow deeper connections and relationships. Whenever we come together, there can be a larger Presence in the system-as-a-whole. Attending to this dimension truly is a form of koinonia and gives our practice as chaplains great meaning and great joy.

Thank you for reading alongside us in our process. We invite you to join us in exploring using this unique method to generate koinonia in our lives and ministry.

Conclusion

This article developed out of a mutual curiosity among a licensed SCT therapist/consultant and three CPE supervisors about how TLHS and SCT may contribute to enhancing the role of chaplains, who daily respond to multiple differences in their institutional, educational and pastoral relationships. We committed ourselves to learning how SCT and the communication structure of FS might impact the work of chaplains and improve their pastoral and interdisciplinary functioning.

Research suggests that SCT methods may be useful in improving outcome in organizational and clinical contexts, including spiritual care offered by a clinically trained chaplain. The central SCT method of FS appears to be experienced positively and to be linked to improved team morale and less personal emotional distress. Overall, SCT methods may be related to increased learning, productivity, creativity and goal achievement. These results are primarily correlational, however, so cause-and-effect conclusions cannot be drawn. Future research should include experimental manipulations of SCT methods and random assignment of subjects to experimental and control conditions.

Our own work with SCT and FS as chaplains and CPE supervisors suggests that the experience of learning to subgroup functionally, whether in a training group or during CPE, may deepen the pastoral practice of chaplains by increasing their capacity to make room for differences within themselves and in others without condemnation. A commitment to exploring, rather than explaining, the here-and-now connections, may be an avenue to more authentic, competent chaplaincy.

Closer attention might usefully be given to the positive effect FS and other SCT methods may have on the chaplain and his/her pastoral care. For example, FS begins with the SCT process of centering—being present to one’s own experiences, bodily sensations, thoughts and feelings. In the
present health care environment, centering before crossing the threshold into a patient’s life is vital. It allows the chaplain to put aside personal cognitive and emotional reactions, e.g., commute to work, paperwork that needs to be completed, and to be more fully involved with the patient.

This is evident in the reflection three above, where FS helped the chaplain attune to and offer support to a mother experiencing one of the worst moments in her life. Metaphorically speaking, the chaplain took off her shoes and stepped onto holy ground. FS reminded the chaplain in reflection two that energy, anxiety, chaos, sadness and compassion are not unique to her, and in fact, potentially were present for all in the emergency room that day. She discovered that she could hold all of the latter experiences and like her fellow health caregivers could provide compassion and competent care. When we as pastoral caregivers make use of FS as one path to acceptance of our individual human experiences, we create more space for patients/families to integrate their own human experience and thus to join and to live into the spirit of koinonia.

Author note

Lead author Richard M. O’Neill will be a plenary speaker at the Association of Professional Chaplains’ (APC) 2012 Annual Conference, which will be held June 21-24 in Schaumburg, IL. He also will present a workshop titled “Working as a Systems-Centered Partner, Group Member and Leader.” Conference information is available on the APC website (www.professionalchaplains.org).

1 John 8:7 (New Revised Standard Version)


5 B’reishit (Genesis) 4:3-9.


11 McKenzie et al., AGPA institute groups.


14 O’Neill and Constantino, “Systems-centered training groups’ process.”

15 O’Neill et al., “Agazarian’s systems-centered functional subgrouping.”


Acts 17:28 (New Revised Standard Version)

Carl Rogers, On Becoming a Person (Boston: Houghton Mifflin, 1961), 283-84.


From the Mishnah Tractate Avot 3.3 and 7: “3. Rabbi Chananiah ben Teradion said ‘when two sit together and words of Torah pass between them, the Divine Presence rests between them.’”
Attachment A – Functional subgrouping (FS) guidelines

The goal of functional subgrouping is to enable people to join on similarities rather than separate around differences. Systems-Centered Training (SCT) assumes that when one recognizes and integrates similarities (in information that is apparently different) and differences (in information that is apparently similar) then one’s whole system will survive, develop and transform from simpler to more complex.

Functional subgrouping (FS) is the method which helps that to happen. It often helps to use this method when you are solving problems with others. People like to feel the join before you bring in whatever differences are important to you.

- Talk, and when you have finished what you are saying, say “Anyone else?”
- Look around!
- Expect someone to join you with a similarity.
- When you don’t feel joined, say so!

When you join a subgroup already working ...

- Join on a similarity.
- Look at the person you are joining.
- Build on others’ ideas.
- If you lose your subgroup, ask the people still in your subgroup to put their hands up.
- As different people join and build, the subgroup gets bigger.
- When you are no longer in the subgroup, say so!
- If you want to start a different subgroup, ask the group if it is ready for a new subgroup. (Wait for the answer!)
- When the group is ready to support you, start your new subgroup around your difference.

## Attachment B – Summary of group research on Agazarian’s hypotheses with respect to SCT and FS

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