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Systems-Centered Training for Therapists: Beyond Stereotyping to Integrating Diversities into the Change Process

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This article highlights the systems-centered approach to training therapists and the particular ways a systems-centered approach is relevant in integrating diversities ij a change process. The systems-centered methods are especially useful in moving beyond stereotyping whether related to gender, race or culture; to exploring the real similarities and differences in people in a way that the differences can be integrated as resources. By introducing theory and methods that create the conditions for lowering personalizing and increasing an understanding of context, therapists-in-training learn to see themselves and their client in context, as well as learn how to develop the contexts in which clients can develop by integrating differences in themselves and others.

KEYWORDS diversity, scapegoating, supervision, systems-centered therapy

Systems-centered therapy and training (SCT) (Agazarian, 1997) is a relatively new therapeutic approach that offers important ideas and methods for training therapists in working with diversities and the issues that arise. First of all, it offers a systems theory that can be used to understand the change process

inherent in any therapy. Systems theory enables a shift from self-centered perspectives to a systems-centered perspective. When we see the context of the larger system in which we exist, we are less likely to take our own reactions, or even our own differences, so personally or to react to differences in others so personally. This is particularly important in training therapists about diversity in that the responses or reactions to the differences in social identities represent an important challenge to remaining open to both the similarities and the differences in human experience. The systems-centered approach highlights the importance of learning to see our reactions in the context of the larger system so we can contribute personal knowledge toward the system goals, rather than as a personal reaction. This is particularly important for training therapists where learning to recognize and use personal reactions as system information can be crucial to the success of the therapy. It is also important to note that responding with our personal reactions without an attunement to the larger context is likely to contribute to the status quo, and may even lead to destabilization, rather than contributing in a way that shapes the context differently. For example, reacting to dominance or bullying with outrage perpetuates and escalates the fight rather than contributing to developing the context where the differences themselves can be explored rather than the reactions to differences enacted.

Second, systems-centered training and therapy starts with the theoretical hypothesis that living human systems "develop from simple to complex, and transform through discriminating and integrating differences, both differences in the apparently similar and similarities in the apparently different" (Agazarian, 1997, p. 24). This idea has enormous implications for diversity in that it links the process of change, i.e., development and transformation, to discriminating and integrating differences. Furthermore, this hypothesis places the integration of differences as essential in the functioning of living human systems. This shifts the perspective on differences away from the personal reactions or personal attachments to our differences toward recognizing the critical importance that differences hold as resources for system development. Thus to the extent that a group (or any living human system) integrates the differences in its diversities, it develops and transforms. To the extent that a group stereotypes its differences, it survives at the expense of development and transformation. Stereotyping encapsulates differences and prevents the exploration and integration of differences necessary for development.

Third, SCT training not only sensitizes therapists to issues critical in working with diversity but also trains therapists to explore the real differences, including the differences in social identities of groups and group members in ways that undoes stereotyping them. Systems-centered training emphasizes the importance of recognizing when one's responses are being generated by stereotypes, stereotyped roles, or cognitive frames that polarize. In one group of therapists-in-training, one of the members was

paraplegic and in a wheelchair. Group members began to discover their stereotypes of him when another member unthinkingly referred to "the man in the wheelchair." This was a difficult and challenging moment in the group as Van (a pseudonym for the "man in the wheelchair") erupted with strong feelings and resentment of being typecast and not identified by name. The other member, Sharon, was stunned in recognizing how her own frame resulted in her completely missing the person to whom she was referring. This led to some very moving work as the group explored the range of their stereotypes about the "disabled" and the impact of the stereotypes on all involved. By first identifying and then weakening the stereotypes, SCT trains members to increase their capacity to explore their authentic responses to sometimes difficult realities or challenging differences that are not easily integrated. It was Sharon's unintegrated and personalized response to Van's disability that propelled her into a communication at the expense of Van. In this example, Sharon was much later able to recognize the feelings toward Van's disability that she had avoided with her stereotype of him and Van explored both his desire to be seen for himself and his fury when others related more to his disability than to him.

Fourth, SCT trains therapists to develop the group culture and norms[1] in which scapegoating is explored instead of enacted. SCT takes for granted that scapegoating impulses are aroused in human beings in response to differences that are too different to be easily integrated (Agazarian, 1987a; Agazarian & Gantt, 2005). It is then crucial in training therapists to encourage exploration and recognition of the range of scapegoating impulses in themselves and with others. Once recognized, these impulses can be normalized and explored making it less likely they will be enacted with clients. Normalizing and exploring the human impulse to scapegoat also weakens the likelihood that therapists will scapegoat or stereotype their own scapegoating impulses or their patients. For example, it was quite important when a trainee working with a woman in therapy recognized her irritation at her client's tendency to collapse into feeling victimized. Once the trainee recognized her irritation as a common response to her client's "collapse," she was able to see how she was actually enacting her irritation by pushing her client to be more active. The trainee was then able to see how "pushing" enacted her scapegoating impulse and prevented her from working with her client so the client could explore her pull to collapse, and in her exploration, discover whether or not her collapse related to her own irritation.

The remainder of this article describes the SCT training process, highlighting the particular ways in which SCT sensitizes therapists-in-training to the therapeutic issues that are relevant for diversity and the ways it trains them in methods that enable all living humans systems to integrate differences. First, the systems-centered theory itself is briefly described. In many ways, theory is invaluable for exploring issues in training therapists related to diversity in that using theory reduces the emotionality that often

makes it difficult to explore issues of diversity. The SCT training methods are then discussed and linked to specific issues important for working with diversity. As the SCT training methods used to train therapists are the same methods used with clients, the description of the training gives a flavor of SCT therapy as well.

THE THEORY OF LIVING HUMAN SYSTEMS

SCT was developed from theory; Agazarian developed the theory first and the practice second (described in Agazarian & Gantt, 2000). As a systems theory, a theory of living human systems can be applied to any living human system as small as a person or a couple or a family or a work group or a therapy group, or as large as an organization or even a nation. For therapists-in-training, systems thinking orients toward seeing the system and not just the people. This represents a radical shift for most trainees who have typically been trained to orient to personal dynamics rather than system dynamics. Yet for working with the challenges inherent in diversity, seeing the system dynamics is crucial. Thus, applying system theory within an individual therapy, the therapist learns to attend not only to the client as a living human system but also to the therapy system (the dyad of a therapist and client) as a living human system as well as to the therapist himself or herself as a living human system, all describable in terms of system dynamics and variables.

This is only the first step though, since a theory of living human systems (TLHS) (Agazarian, 1997) defines a hierarchy of systems. Thus as a hierarchy of systems, a living human system is never in isolation but instead always exists within another system and is the environment for the system that exists within it. Applied to the therapy system, this way of thinking orients to the larger context of the therapy system; for example, the therapy system exists in the context of the community clinic, and in turn, the therapy system is the context for the roles of client and therapist. A living human system is both nested within a larger system context and is itself the context for another system. It is also important to understand that the context of the community clinic is its community and that the community exists in the context of the larger society (for example, the United States). Thus the community and societal context are part of the larger contexts in which the therapist-client interaction is nested. Recognizing this leads to understanding the importance of the teacher/ supervisor and the trainee becoming aware of the history, social structure, and power relationships among different social identity groups in the larger society. For example, a therapist who is dealing with the meaning of race with his or her clients and is aware of the reality of the larger societal and cultural context of systemic racism in the United States and its impact on the relative privilege and access to opportunity for people of color and for White people

will be much better at working with the client on the realities and the impact of these realities and his or her adaptation to them.

Contextualizing

Thus, seeing the hierarchy of nested systems led to the emphasis in SCT on context: contextualizing entails learning to shift perspectives and offers an important alternative to the human tendency toward personalizing. Recognizing the larger context and its impact on a system immediately shifts one's perspective beyond just the personal. This is particularly important for therapists-in-training, and in turn for their clients, to be able to see the client's experience in context and to help the client to do so. In working with a woman client in distress over her marriage, contextualizing helped her see the bigger picture of her marriage system. She was able to understand that she and her husband together had built the marriage system in which she "took charge" and he "went along." This shift in perspective reduced her pull toward blaming him for his passivity and trying to get him to change, a pattern which maintained the problematic role relationship. Instead, she began to get interested in how she and he together could change the system they had made together. Contextualizing promotes open systems, while personalizing promotes closed systems. It is very difficult for closed systems to integrate the differences that diversities bring to a system. Thus, training therapists to build therapeutic and work systems in which the differences contained in diverse social identities can be explored and integrated requires developing norms that shift away from taking things just personally to learning to see both one's own and others behavior and responses in context.

Learning to see context is essential in training therapists (Adams, 2000). For example, a therapist-in-training working with a client in a community clinic orients to the community clinic as the larger system context, the community clinic as existing within the community, the therapy system as existing within the clinic, and the roles of client and therapist existing as a system within the therapy system. How the systems manage the differences in its diversities in each of the different contexts is then important in understanding the therapeutic system itself as the larger system context influences the potentials in the nested systems (and the larger system context of the clinic is influenced by the potentials in its larger community context). For example, an African-American female student visits the counseling department at her urban residential college because she has difficulty sleeping, has disturbing nightmares, and has begun doing poorly in her classes. The college has a predominantly White student body, and the student comes from a working class predominantly Black neighborhood in another city. It has taken the student several months to seek help, as her family, her church family, and her neighborhood regard therapy/counseling as "not for African Americans." She has been brought up to believe that talking to a therapist is a sign of

weakness or "craziness," a betrayal of family "business," and a "White" thing to do. Her community has a general distrust of Whites and particularly of White mental health practitioners, who they see as labeling Blacks as crazy, sick, or dangerous instead of oppressed, angry, and in pain. She has learned to be wary and guarded around White people, especially when exposing some vulnerability.

When the Black student enters the college counseling office, she brings the assumptions, experience, and attitudes of her community system into the clinic system. She is very attentive to the atmosphere in terms of how she is received, and at risk for personalizing the differences in the clinic context as her being invisible or hyper-visible (Franklin, 2005) to the clinic staff as a black woman. She may then start the session feeling unrecognized and devalued.

Now consider how the student's initial sessions unfold. She is assigned to a White male therapist who is about six years older than the client. The therapist takes a history of the young woman's symptoms and family history, but makes no attempt to connect to her emotionally and seems unaware that their dyad replicates the prevailing societal norm of White males in the power position and Black females in the subservient position. The therapist vaguely notices some internal discomfort and wonders to himself if this young client has what it takes intellectually to make it in college or was this "just an affirmative action admission."

It will be quite easy for the therapist and client to end up in predictable stereotyped roles—her distrusting him and he patronizing her or looking down on her, without developing a therapy system in which the client can recognize the impact and challenge of entering a different cultural context and the therapist can really understand her context. It is at this point that training and supervision are most essential to interrupt the pull into a stereotyped system and instead build a functional therapy system. An illustration of how the supervision might go is discussed in the following.

SYSTEMS-CENTERED SUPERVISION

The systems-centered supervision framework shifts the therapist-in-training out of the typical supervision presentation of explaining what happened or talking *about* his or her *client* (Agazarian, 1999). Instead, the supervisor sets a framework in which the trainee can explore and discover.

The supervision begins with the female supervisor helping the trainee and herself become centered. Centering is a way of grounding oneself into the bodily, emotional, nonverbal, intuitive experience that is invaluable for shifting out of familiar cognitive explanations that reinforce one's self-centered understandings and into seeing both ourselves and the context beyond ourselves (Agazarian, 1997). The supervisor then orients the trainee

to complete the sentence "My problem is I . . . ." This structure shifts the trainee into *exploring* his difficulty which prevents the trainee from discharging his frustration by talking *about* the client (Agazarian, 1999).

Here is a sample dialogue from the previous example. The dialogue begins once both have centered into their roles and the supervisor has oriented the trainee to the structure of "My problem is I . . . ."

Trainee: My problem is that I don't think this client really wants therapy.

Supervisor: Whoa, when you said "that" you just *explained* your *client* rather than *exploring your* problem. That's an easy habit to fall into. What we are working on here is how you can shift out of the habit of explaining what happened so you can explore *your* problem. Start again, centering, using "My problem is I . . ." and follow yourself into your intuitive understanding, which will take you in a different direction than the opinions which explain about your client.

Trainee: My problem is (pause), I, I don't think this client belongs in college.

Supervisor: OK, do you notice you have gone to thinking again, and formed another opinion about your client? Try again. My problem is I.

Trainee: My problem is I, I don't like this client. I don't feel comfortable with her. And I don't think she likes me. [This is an important step as the trainee is now discovering the problem *he* has which interferes with taking his therapist role.]

Supervisor: OK, so going one step further, how is not liking your client a problem?

Trainee: I am criticizing her in my mind and not really relating to her in a way that helps her feel more comfortable. [The trainee is now exploring his problem.]

Supervisor: Do you generally feel critical of your clients, or is this unusual? [This begins the important discrimination of whether the trainee's problem is related more to this specific context with this client or is more pervasive for the trainee.]

Trainee: Not usually.

Supervisor: Did you feel critical of her the first moment she came into the office? [This question frames another important discrimination: was the criticism based on an immediate stereotype or was there a trigger in the session that stimulated the trainee's criticism?]

Trainee: No, it was after a few minutes. She seemed to have a chip on her shoulder.

Supervisor: Let's go slowly here. You recognized that something happened after a few minutes. Then you went to another opinion, "she seemed to have a chip on her shoulder," which was your reaction to whatever happened.

Trainee: I see that.

Supervisor: Instead of the opinion, see if you can give the data of what
              happened, by describing the behavior. What was it she did
              or said, right before you got critical of her?

Trainee: That's right, I did get critical. Let me think. We started off ok,
              though I was a little nervous.

Supervisor: OK then, let's work with your nervousness first. Recall your
              experience of nervousness (trainee nods). Is your nervous-
              ness coming from something you were thinking, a feeling
              you are nervous about having, or from being at the edge of
              the unknown where we all get nervous? [This is an example
              of weakening the restraining force of anxiety which releases
              the driving force of reality-testing. Systems-centered work
              stresses the importance of establishing a reality-based context
              for exploration early in the work, which then builds a
              foundation for later work. Both in training and therapy, the
              restraining forces are systematically reduced according to
              the phase of system development.]

Trainee: A thought, I was thinking she wasn't very pleased about
              seeing me, you know a white male therapist, I was pretty sure
              she was disappointed.

Supervisor: Do you recognize that is a mindread of her? [The systems-
              centered approach emphasizes the importance of checking
              mindreads to discriminate perceptions from projections.]

Trainee: Yes.

Supervisor: And your thought, your mindread made you anxious?

Trainee: I see that.

Supervisor: What specifically did you think about your being a white
              therapist? What was the specific mindread you had of
              her?

Trainee: I was thinking she would think I wouldn't be able to under-
              stand her, and she might be resentful of me.

Supervisor: Do you believe you know what she was thinking?

Trainee: No.

Supervisor: And are you curious what you moved away from in
              the moment of the interview by going to your mindread
              of her?

Trainee: Well yes, now that you ask me, though I didn't think of it
              then.

Supervisor: And as you and I center now, shift into your researcher role,
              do you have any sense of what you moved away from?

Trainee: She was tapping her foot, and she looked worried, and I
              didn't know what to do to make her feel better.

Supervisor: Very important, as you get some freedom from your
              mindread, you now have two directions that you are remem-
              bering. You are noticing her behavior, and how you were
              responding toward her. Let's start with what you observed

	first. Did she seem nervous too? [Shifting the trainee to see the client's context as well as his own.]
Trainee:	Probably, though I forgot to ask her. [This is an important omission in systems-centered therapy as anxiety is a predictable response in an initial interview and is always undone in a systems-centered therapy as part of building the therapeutic system where the therapist and client can pool their resources to work collaboratively. The process of undoing anxiety is the same one used in the supervision session with the trainee.]

As the supervision session continues, the trainee goes on to identify the client's context coming into the session, and the kinds of feelings she was likely to be having. The supervisor returns to the trainee's recognition of the larger cultural context and the pull into the societal stereotype of white male and black female and its impact in the therapy context. This shifted the trainee from his personal context to relating to his client's context. This weakens the pull into the stereotyped roles related to their different social identities in the larger society which is essential for establishing a functional working relationship in therapy.

The systems-centered supervisor modifies the restraining forces in a specific order that links to developing the system, modifying the simpler ones first, thus building a capacity in the work for more complex exploration. As the supervisory system develops, the supervisor is likely to encourage the trainee to notice his experience as a white male in contrast to his experience in the role of therapist in the here-and-now of working with this black woman client. It may also be useful for the supervisor and therapist trainee to explore the actual experience the white male therapist has in talking with this female supervisor (who may be white or black) about this black female client. This level of exploration with all its levels of complexity (such as similarities in a student identity between therapist trainee and client) is different from a discussion of stereotyped differences between males and females, blacks and whites. The supervisor's role is to build the context for exploring the range of experience across racial and gendered client, therapist, and supervisor systems. When it is relevant to taking his therapist role, the supervisor helps the trainee explore his own racial/gender identity, his experience of the client's racial/gender identity as it is relevant to developing the therapeutic system, and any pull between them into a stereotyped power dynamic. This kind of exploration is in the service of establishing the functional roles that provide an alternative to the stereotyped roles. This frees energy for the trainee and supervisor to explore the challenge of building a therapeutic system that creates a context in which client and trainee can work together in the here-and-now.

Isomorphy

Returning to the systems-centered theory, several other theoretical constructs are important to review briefly as they have had important implications on systems-centered practice and for work with diversity. First is the construct of isomorphy. The theory of living human systems defines the systems in a hierarchy of systems as isomorphic. Borrowing from von Bertalanffy (1968), isomorphy is defined as similarity in *structure* and *function*.

Structure is defined as boundaries. How open or closed system boundaries are to differences is especially important in working with diversity. When differences are too different, system boundaries close, and differences are extruded or encapsulated. Closed boundaries isolate not only the difference which diversities introduce and which in turn creates its own set of social problems, but it also limits the potential for development and transformation and maintains the status quo.

Living human systems *function* to survive, develop and transform from simpler to more complex by discriminating and integrating differences. Thus integrating the differences and diversities is essential to system development.

Guided by theory, we can then look at how open or closed boundaries are to differences and how well differences are integrated. For example, in a group where stereotyping is frequent, boundaries will remain relatively closed to similarities across the differences. The stereotypes will not only remain intact but are likely to be reinforced as members react to the differences and the group stabilizes at the cost of its development.

Applying the theory to a therapy group for clients or a training group for therapists-in-training, the group can be conceptualized as the group-as-a-whole, the subgroups, and its members (see Figure 1). The subgroups exist in the context of the group-as-a-whole, and the subgroups are the context for the group members. Because of isomorphy, the openness to difference in the subgroups will be similar in the group-as-a-whole and in its members.

Using the theory, Agazarian (1997) identified that the subgroup is the system that is most influential in the group systems as it occupies the middle position with adjacent boundaries to both other systems (picture three concentric circles). And most importantly for this paper, the subgroups can be stereotypic or functional. Stereotyped subgroups are closed to differences and form around overt stereotypes like age, sex, race, and socioeconomic status. When subgroups are stereotypic, the boundaries will be relatively closed and group conflicts will be contained in ways that survival is maintained at the expense of development. In a training group for therapists that is heterogeneous for gender, stereotyped subgrouping might have the men complaining that the women are too passive and the women complaining that the men dominate. The stereotyping maintains a split in the group-as-a-whole rather than fostering exploration of the real or relevant differences between men and women. In contrast, functional subgroups form around exploring
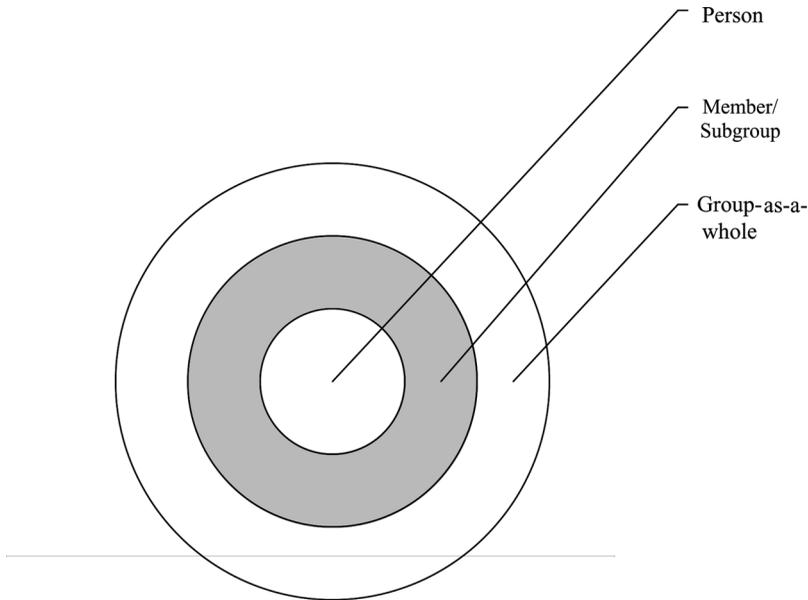
FIGURE 1 Systems-Centered Hierarchy: Person to Member/Subgroup to Group-as-a-Whole.

similarities that are related to a here-and-now experience, like frustration, excitement, or caution. Functional subgrouping is a conflict resolution method that contains group conflicts in the service of group and member development. Thus to the extent that the differences contained in diversities are explored in functional subgrouping, group conflicts can be resolved in the service of development. Functional subgrouping puts into practice the systems-centered hypothesis that the function of living human systems is to survive, develop and transform by discriminating and integrating differences. In the previous example, a leader introducing functional subgrouping would orient a training group to notice that both the men and women were in the same subgroup, the "blaming" subgroup. This is often a surprise to the group members and requires them to distinguish between the impulse to blame versus the target of their blame. Thus the members of the "blaming" subgroup would explore together the experience of blaming. As this subgroup paused, the leader might ask if anyone in the group was noticing the impulse to volunteer to be blamed. Those in the subgroup exploring the impulse "to be blamed" or to "take the blame" would eventually discover the aggression in the victim role. Both functional subgroups would continue exploring in alternating turns, until each noticed the similarities across the two subgroups in what was initially different, signaling integration in the group-as-a-whole. The group-as-a-whole would have then developed a greater capacity to recognize and lower its tendency to scapegoat by stereotyping when irritated and, in this process, become more complex.

As therapists-in-training learn the theory, they develop their ability to see the system and not just the people. Seeing the system helps all of us move apart from our own explanations or others' explanations that are more likely to maintain dichotomous thinking. This enables the SCT therapist to reduce the pitfalls of stereotyping that are easily available in working with diversity issues when one takes one's experience just personally. Failing to recognize how responses are context driven and not just person-centered contributes to the perpetuation of stereotypes. Similarly, in stereotyping, boundaries are closed to differences, and only discriminations that support the stereotypes are made. Seeing one's experience as not just personal but as part of a subgroup, and in turn seeing one's subgroup as containing half of the whole group's conflict, increases the ability to see the context.

Rather than being a theory or method of diversity therapy, SCT's emphasis on integrating differences as essential for development in living human systems integrates the real challenges of diversity into the very fabric of the change process. It is also important to note that the emphasis on theory does not preclude the importance of attunement to the people (McCluskey, 2006), yet it adds an important dimension that lowers the tendency to personalize and increases one's ability to see the context.

TRAINING THE SCT THERAPIST

In addition to learning the theory, the training process includes an ongoing training group that meets weekly or monthly, a series of five-day workshops, membership in a closed group that meets twice a year for approximately three years, and ongoing supervision ("SCT Intermediate Level Training," 2006). Some of the actual components of the training are described in the following to illustrate the methods and emphasis that SCT brings to training therapists which are especially relevant for diversity. The emphasis throughout the SCT training process is on learning to apply the systems-centered therapy methods first with oneself.[2] This is important in three ways. First, it introduces a value that one only uses techniques with others that one has used first with oneself. This develops an important sensitivity to the experience of the techniques from the client role and also gives the trainee the skills to use with him or herself in order to take the role of therapist with more authenticity. Second, it helps develop a deeper understanding of the human challenges that are universal rather than stereotyping them as belonging to the client. Third, it provides an opportunity for the therapist to integrate the techniques and methods into his or her way of working so that the method flows out of the work rather than being something the therapist is "doing" to the client that sets up a stereotyped hierarchy.

SCT training also supports the value of a nonhierarchical relationship based on functional roles rather than stereotyped status roles. In the therapy

relationship, SCT emphasizes that the client and therapist have different roles with differential resources (Agazarian, 1997; Gantt, 2005). The therapists' role focuses on building the structure for work and the clients' role is to bring their energy to do the work they want to do within the structure. The therapists are the expert on therapy and the clients are the expert on themselves and their own experience. Both roles are important in order to meet the goals of the therapy system. Similarly, in the SCT training process, the leader sets the structure for work and the trainees choose what work to do and do the work.

SCT Training Group

The heart of the first phase of training is participation in an ongoing training group. The SCT training group provides the context for learning to apply the SCT methods with oneself. Trainees also learn how to take membership in an SCT group. The SCT training group serves as a group practicum for learning to build an SCT group with the norms that support discriminating and integrating differences.

SCT groups are built; they do not just happen. Since SCT understands the context as being both the limiting and potentiating environment for what is possible for human beings, SCT deliberately creates norms in a training group that facilitate the group exploring its diversities and responses to diversities and differences. The context always includes the phase of system development, and members learn to weaken the restraining forces to development in a specific sequence that links to the phase of development. This maximizes the potential for group development.

Functional Subgrouping

Functional subgrouping is the heart of an SCT group. The training group begins with the SCT leader teaching functional subgrouping at the very beginning. Functional subgrouping is a conflict resolution method that puts into practice the SCT hypothesis that the function of living human systems is to survive, develop, and transform by discriminating and integrating differences.

In functional subgrouping, trainees learn to contribute their experience and then ask, "anyone else?" Asking "anyone else?" lets others know when one has finished and invites others to join with their similarities. For example, at one systems-centered training conference, a large group of around 100 members explored the prejudices they noticed in themselves towards others in the group. The group had met for several days and knew how to use functional subgrouping as its basic method for exploring. One member started talking about her tendency to discount anything that men with strong voices would say and then asked, "Anyone else?" She was joined by three or four others who recognized the same behavior and thought patterns in themselves.

Once this subgroup paused, several other members started a subgroup exploring the fury they felt toward female leaders who spoke softly, and how they dismissed what they said. Another subgroup recognized their prejudice against the international members who spoke with an accent and their tendency to see them as unintelligent. The tension was apparent as each prejudice was named and the relief equally palpable as others joined the subgroup and the human realities of prejudices were accepted.

As the subgroups continued building, the curiosity heightened throughout the group and the freedom to explore the range of prejudices and biases expanded. Several lesbian members worked in a subgroup that explored their greater willingness to join other lesbians in subgroups, and recognized how their bias slanted them toward stereotyped subgrouping at the expense of functional subgrouping. The subgroup was quickly joined by several African Americans who recognized their own bias in joining other African Americans more quickly than other members. By the end, the group was quite satisfied and quite sober at the reality of the prejudices and stereotypes that we all manage, and enormously relieved to be recognizing them and acknowledging them in a way that seemed to de-power the stereotypes and prejudices.

In turn, as each different subgroup works and deepens its exploration, it finds the differences within their similarities. At some point, group members begin to discover the similarities between the subgroups in what was initially different. This marks the beginning of integration in the group-as-a-whole, which has developed from simpler to more complex using the process of functional subgrouping.

Functional subgrouping constitutes the essential method in an SCT training group as over time trainees develop the capacity to explore any human experience using functional subgrouping. By gradually increasing the tolerance for differences, first within and then between subgroups, members, and the group-as-a-whole, the group develops. Building on one another in an atmosphere of similarity not only contains the reactions to differences common for human beings by redirecting the focus toward similarities but also makes it easier for members to explore the differences within the similarities. Functional subgrouping is a conflict resolution method for integrating differences. It provides an important method if the differences in diversities are to be integrated as group resources, and, isomorphically, members learn to integrate the previously unacceptable differences in themselves.

Several other hypotheses are important in considering the full impact of functional subgrouping in training a therapist with a diversity focus:

1. McCluskey (2002) hypothesized that functional subgrouping may ameliorate the attunement challenges often aroused by frustration over differences that if unaddressed lead to failures in empathy. She emphasized that learning to subgroup functionally teaches attunement to oneself and

others. This is important for any therapist, yet it is essential for therapists working with diverse clientele: attuning to the subgroup and resonating with the various contributions that others make expands one's capacity for attunement with oneself and with others. This is particularly relevant in training therapists where developing the capacity to attune to the differences in the client, and to maintain empathy when this attunement is lacking, is essential to building the therapeutic system.

2. Functional subgrouping may provide the equivalent of a "secure base prime" that minimizes negative evaluation reactions to out-groups (Mikulincer & Shaver, 2001). Their research, based on Bowlby and Ainsworth's attachment theory (Bowlby, 1979; Ainsworth, Blehar, Waters & Wall, 1978), found that experimentally inducing a "secure base" (a felt sense of security) increased tolerance for members of out-groups (Mikulincer & Shaver, 2001) and "endorsement of self-transcendent values" (Mikulincer et al., 2003, p. 305), and promoted more cognitive openness and greater capacity to hear others. Across five studies, Mikulincer and Shaver (2005) found that secure base priming led to higher levels of compassion as compared to positive affect and neutral control conditions. Much of what they describe is in fact similar to the experience that trainees report in functional subgrouping. It may even be that the attunement that happens once a training group learns to subgroup functionally not only serves to contain the reactions to difference that often leads to scapegoating, but also part of the success observed in functional subgrouping is that the subgroup provides a "secure base prime" that minimizes outgroup responses.

3. Observation and trainees self-report (Agazarian & Gantt, 2003) suggest a reduction in the enactment of scapegoating in groups using functional subgrouping as well as an increase in capacity for attunement to self and others (Agazarian, 1987a; Agazarian, 1987b).

4. Functional subgrouping increases the likelihood of a difference being explored by a group rather than converted or extruded or scapegoated or ignored. The well known research by Asch (1956) suggested that whenever a deviant answer was validated by at least one other person, the social pressure to conform did not overrule reality. A replication of Asch's work by Berns (2005), using magnetic functional resonance to identify the brain areas involved, found that when incorrect answers were given, the activation in the brain was in perceptual areas rather than social judgment areas. He suggested that perceptual distortion rather than social conformity accounted for the incorrect answers. Again, in the Asch study, only one other person validating one's perceptions strongly increased accurate perceptions being reported. The implications of these studies support the usefulness of functional subgrouping for reality testing. Once a group has established functional subgrouping as a norm, the group commits that no perspective will go without being validated by being

joined. Thus, the likelihood of social pressure extruding or eliminating differences is greatly reduced when the norms for functional subgrouping are established.

In summary, as trainees learn functional subgrouping, they learn how to work with the group dynamics in a way that provides an important alternative to the stereotyped subgrouping that frequently leads to the stereotyping of diversities.

COMPARING DIVERSITY TRAINING WITH AND WITHOUT FUNCTIONAL SUBGROUPING

Two different training events on social identity illustrate the difference that functional subgrouping made in the training process. In a course on issues of social identity and context for mental health professionals, the participants were first asked to state the ways they identified themselves in the present moment. The group then explored what it was like to describe their identities and to hear others do so. Functional subgrouping was introduced by asking members to ask "Anyone else?" when they had completed describing their experience of doing the identity exercise. The first person described feeling surprised and pleased. Others joined in with comments noting feelings of calm and a sense of connection with each other, even though most group members did not know each other.

The process of building on similarities continued until a difference emerged that was a little too different for the existing subgroup: one member of the workshop noted her suspicion that the pleasure and excitement being expressed may not be authentic. At that point, the first subgroup agreed to pause and the second subgroup took the floor. The second subgroup brought in feeling cautious as well as suspicious. Members built by exploring the risks and anxiety involved in looking at social identities in a new group in the context of a workshop. The social identities and roles that members noted included race, class, ethnicity, gender, sexual orientation, marital/parental status, professional status/role, age, religion or spirituality, immigration status, regional affiliation, language, creative ability/ pursuits, role relationships to family and friends, and some personality characteristics.

The workshop now held the two sides – excitement and caution. The leader helped the group see its subgrouping in context, as holding the two sides that invariably arise when we are revealing our identity in a context of difference. The group then began exploring the parameters of what it was like to reveal personal experience and hear others do so in the context of a workshop whose stated goal was to increase awareness of self and others and to improve work with clients of all cultural backgrounds. As subgroups

within the workshop continued to explore and process, the workshop system developed and transformed into a place where powerful and nuanced feelings and attitudes about charged issues of racial, ethnic, religious and class identities were expressed and explored.

In contrast, a half day workshop involving mental health clinicians was held in which participants were given an open-ended instruction to talk to one another about their differences in social identity so they could get to know one another better. Initially there was silence. This was followed by an escalating hostile interchange in which White male clinical staff complained that their clinical insights were not respected by the child care staff, who were all Black or Latino females. The interchange continued with group members taking stereotyped sides as White versus non-White, men versus women, and in clinical versus milieu roles. The retreat to the stereotyped positions served to protect the staff from exploring their more complex and nuanced feelings about themselves, the clients, and one another. This example also illustrates how easy it is for the stereotypes to get enacted rather than explored if there is not a structure containing the work.

Fork in the Road

Another technique in SCT training is important in developing an attitude of exploration of differences and diversities: the "fork in the road" technique of choice (Agazarian, 1997). This is introduced early in a training group once the norms of functional subgrouping are established. In the first iteration of the technique, the leader identifies to members or a subgroup that they are at a fork in the road between exploring their experience or exploring the impulse to explain their experience. The emphasis in either side of the fork is on exploring. Group members are structured to explore and are completely free to choose what to explore. Exploring weakens the tendency to explain and "talk about," which maintains previous patterns and stereotypic roles. Instead, exploring develops the capacity to discriminate and integrate primary experience and emotional knowledge.

The fork in the road asks members to discriminate the differences in their experience and then choose what aspect to explore. For example, as a group directly addresses issues of diversity, it is likely to notice a fork between the frame they have put around an event (my boss doesn't like women) versus exploring the actual realities and their experience of the reality (fact: my boss asked a male colleague to take a special assignment and not me; feeling: irritated). Members are then able to discover that much of the emotionality about their boss is generated by the frame they have used, which not only generates the emotionality but also prevents them from discovering their emotional knowledge in their responses to the actual realities. It is the latter that leads to the potential for problem-solving the real challenges one has in working with his or her boss.

BEYOND THE TRAINING GROUP

The training group provides the foundation of SCT training for therapists and sensitizes therapists to the issues and challenges of working with differences that is critically important whenever diversity is involved. Once the therapists-in-training have developed a basic familiarity with functional subgrouping, taking their member role in a group, weakening their restraining forces in the first phase of group development, and have enough understanding of their own issues with authority and tendency to blame and externalize (the major challenge in the first phase of development and often the fuel for the stereotyping and splitting that fuels racism in its broadest forms), the trainees shift from the foundation level of SCT training to the intermediate level by adding additional training experiences. These include a skills training workshop; a workshop in learning to work in role, goal, and context; ongoing supervision of work applying the SCT methods with clients (Agazarian, 1999); and leadership practice.

Authority Issue Group Block Training

The final component of the intermediate training is a closed group that meets in a five-day block twice a year for a minimum of three years with the goal of exploring the hatred of authority and the human tendency to externalize. It is this tendency to externalize and the hatred of difference that is the heart of the scapegoating, both subtle and overt, that leads to stereotyping in the face of diversity. By this level of training, the group members know the basic SCT methods and techniques and are able to build a group that can explore the depths of this hatred and the realities of the human impulses to scapegoat differences. This marks a fulcrum in the therapist's training in gaining the self-knowledge and knowledge of group dynamics that underlie the challenges that diversities present for human beings.

CONCLUSION

This paper describes the systems-centered process of training therapists and highlights the training that is especially relevant for sensitizing therapists-in-training to the human challenges inherent in relating to differences that if not understood and addressed lead to the scapegoating or exclusion of diversity. This approach is grounded in systems theory and thus offers training methods that link to theory and move beyond the personalizing that is common for us all. Learning to see the system and not just the person equips therapists for the challenges of learning to see themselves and all their clients within their cultural context and for the underlying challenges common to working with the differences, especially social identity differences, and our

responses to them. Most important, SCT theory itself is about ideas rather than values, yet the practice is inextricably linked to valuing differences as resources for development while recognizing the real challenges for human beings in relating to differences and diversities.

Systems-centered therapy is at its heart a theory and method that highlights integrating diversities at all levels, in our selves, our relationships, our workgroups, and our families, yet it differs from traditional feminist therapies in several important values. For instance, systems-centered therapy sees the major source of distress as personalizing at the expense of seeing the context. Feminist therapies stress the social context as the source of pathology. Systems-centered therapy also emphasizes the context as the potentiating and limiting factor. Systems-centered training differs by emphasizing the importance of learning to shift from a primarily personal response to the context to learning to take one's role in the context to shape a different context that in turn shapes the people within it differently. Systems-centered training groups deliberately develop an alternate culture that is less likely to import the stereotypes embedded in our culture and instead create a culture of exploring that has the potential to weaken the taken for granted stereotypes which are embedded in our day-to-day culture. It may in fact be the case that in developing an artificial culture, systems-centered groups make it possible to explore the human "identity that is more universal, transcending differences, [and] based on being human." (Barrett, 2005). This then leads to the equally important systems challenge of not only creating an artificial culture that weakens stereotyping but also learning how to cross the boundary back into the larger culture and import the "differences" without eliciting the typical responses to difference.

NOTES

1. Though systems-centered therapy and training is applicable to individuals, couples, groups and families, the primary focus in this article is the training of therapists in systems-centered therapy which has a strong group emphasis. This training emphasis links to the systems-centered focus on the citizenship responsibility of learning to contribute to the contexts of which we are part in a way that shapes the context, which in turn influences our social and personal identity. In addition, group provides a unique context for exploring diversity issues in vivo.

2. It is also vital that the teacher or supervisor has learned to apply the systems-centered methods with himself or herself first, and similarly, has explored the experience of and attitudes about their own social identity before addressing these issues with trainees.

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