Volumes 1—3
2009

The Journal of Self Leadership

Commemorative Final Edition

A peer-reviewed professional journal dedicated to the advancement of the IFS [sm] model and to Self leadership

Volumes #1 - #3
2009
ISSN# 1545-2700

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EDITORS' LETTER FOR IFSA MEMBERS AND SUBSCRIBERS

Dear IFSA members and subscribers to the *Journal of Self Leadership*,

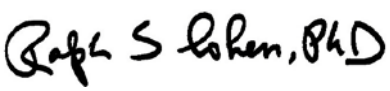
This will be the final publication of the *Journal of Self Leadership* in its present form.

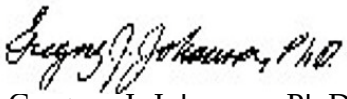
Since 2003, the *Journal of Self Leadership* has been the official peer-reviewed professional publication of the Internal Family Systems Association (IFSA), whose mission has been to support the advancement of the Internal Family Systems[sm] (IFS) model developed by Richard C. Schwartz, Ph.D. There have been three issues published since the *Journal's* inception. The *Journal* had been conceived as a means to provide the community of scholars, practitioners, and other interested parties with a forum to report on theory, research, and practice related to the IFS model. For the past six years, we have been pleased to be a vehicle for our colleagues to generate interest, research, and development of the IFS model.

In the evolution of Dr. Schwartz's work, the Center for Self Leadership, LLC was formed to promote and advance the model. Through the Center, the increased availability of training opportunities, materials, and expansion of the model have been possible. The Board of the Internal Family Therapy Association, in reviewing its *Articles of Incorporation*, has made a decision to turn over its role of promoting the model to the Center for Self Leadership and to close its operations. As an arm of IFSA, the *Journal* will also be coming to an end in its current form. We, as the founding co-editors, are grateful to all the contributors, reviewers, readers, and IFSA members who have supported the *Journal* and our work. It truly has been a "labor of love". Our hope is that as the Center of Self Leadership grows and evolves, a professional journal to support research on the model will again appear on the scene. We appreciate the opportunity to have served the IFSA community in such a meaningful way.

As a parting gift to IFSA members and Journal subscribers, we are reprinting all of the articles that have been published in the *Journal of Self Leadership.* The current edition is a compilation of the three published volumes of the *Journal.* All articles have been reprinted as they were originally published, with the exception of the page numbers. The pagination of this compiled version has been changed from the original edition for ease of reading and referencing.

We thank you all for the privilege of serving as the Journal co-editors and for the wonderful support we have received from the IFSA and the IFS community.





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April 1, 2009

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Editors' Introduction: Why Self-Leadership?

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Co-Editors

Abstract

The co-editors of the Journal of Self Leadership introduce the first volume with a brief history of the Journal and offer a rationale for the development of the publication. The concepts of "Self leadership" and "Internal Family System" are described. Implications for the study and application of these concepts in relation to understanding human internal process and interaction are outlined.

INTRODUCTION

This inaugural issue of *The Journal of Self Leadership* (*JSL*) has been several years in the making. It is the product of an evolving interest in the Internal Family Systems (IFS) model, developed by Richard Schwartz (1995; Breunlin, Schwartz & MacKune-Karrer, 1992; Goulding and Schwartz, 1995), and represents a broad sampling of the work being done in model development, theory building, clinical applications, and expansion of the model beyond the clinical realm. The purpose of the *Journal* is to provide a vehicle for teachers, researchers, and clinicians to come together to share ideas and experiences in employing and advancing the model across a broad spectrum of applications. This first issue of the *JSL* offers peer-reviewed articles on theory, research, clinical case studies, and a book review relevant to the IFS model with its concept of Self-leadership. In this Introduction, the editors provide a context for the journal's development, including a brief description of the model, its history and background. We then offer a brief reflection on the model, and the various ways in which it might be fleshed out within the pages of the *Journal*.

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THE INTERNAL FAMILY SYSTEMS MODEL AND SELF-LEADERSHIP

The Internal Family Systems model applies systems thinking to internal process, viewing our inner lives as yet another level of human systems. In particular, it brings the principles and practices of external family therapy to bear on intra-psychic dynamics in a unique way.

This internal systemic approach is possible because the model, as advanced by Schwartz, is based on the presupposition of "multiplicity of the mind" (Breunlin, et al., 1992; Goulding and Schwartz, 1995; Schwartz, 1995). Schwartz posits that we all possess a set or "internal family" of sub-personalities, forming an inner ecology that provides a sense of identity, character, and continuity. Our sub-personalities, or "parts", take on various roles, and bring unique resources, energies, skills, and talents to the system, as do members of any family, group, tribe, board, team, or unit. As such, each part is assumed to be valuable, and have a benevolent intent in relation to the system. The ways the parts interpret external events, and relate and react to each other internally form much of the drama, intrigue and pathos of one's everyday life. A multiplicity of inner understandings, fears, and agendas, sometimes in conflict with one another, explains much of ordinary anxiety in normally functioning people. One part of us wants to go to graduate school in psychology to be a helper, another feels burdened by the time and money, another wonders if we are competent enough, while still others carry pride, hope, and any number of considerations.

Though our sub-personalities are evoked and conditioned in relation to historical-developmental processes, the Self is assumed to be a non-introjected aspect of our existence that is immutable and stable throughout a person's life. The Self has a capacity for self-reflection that can witness or observe the operation of the internal family of parts. It also possesses essential or innate qualities such as compassion, calmness, curiosity, wisdom, clarity and more, which allow it to be a stable and healing presence in the midst of life's dramas. It is the wider vision, wisdom, and compassion of the Self that makes it the natural leader of the system in which the various parts have a relatively narrower range of experience and

expression. The Self is able to respect, honor, and relate constructively to all the parts, thus encouraging them into balance and harmonious functioning. When one is centered in the Self-leadership state, there is an effortless, self-authenticating sense of expansiveness that provides a holistic and grounded way of being in the world.

However, when a person is threatened by trauma or devaluation from the outside world, the parts may take over a person's consciousness, and seek to control one's attitudes, emotions, and behaviors. The dynamic is analogous to a country coming under attack, at which time the military immediately takes over, puts the President in a safe place, and remains in control until the threat is abated. If the President is able to mobilize resources, make good decisions, and win the war from her place of protection, she may emerge as an even stronger, more trusted leader than before, as Franklin D. Roosevelt did during World War II. If the country is actually overrun, as in some third-world countries, the military might be hesitant about ever trusting the President in the vulnerable, out-front leadership role again.

Likewise, when a child is hurt, overwhelmed, or de-valued by caretakers or external events, it develops a belief that the Self is unable to protect. In an experience of trauma more primitive parts of the brain supercede rational cortical control, and a person loses trust and confidence in the Self's ability to lead. In these circumstances, a part or several parts take on extreme roles in an attempt to provide survival, protection and defense-minded leadership for the system. The Self is exiled to a protected place, and cut off from its leadership functions in the internal system. This is done through the parts "covering," "blending" or "fusing" with the Self, or dissociating the Self from the system. As parts thus become extreme, they may polarize with each other, vying for power and control in the system. When this occurs, the system loses the benefit of the harmonious, holistic qualities that the Self brings to its leadership role, and displays more chaotic and/or rigid ways of being. The system is no longer, as Bateson (1979) outlines it, organic, with all the parts connected within the whole, attuned to a common vision, and displaying an inner wisdom that makes it self-organizing, self-directing, and self-correcting.

The ways in which parts become extreme, rigid, frozen in time, and unable to incorporate new information can be categorized according to basic functions. Some parts absorb the experiences of trauma or devaluation, and carry the burdens of pain and suffering. The parts that carry these burdens are commonly called "exiles," because they are the ones that one attempts to block from awareness, in fear of re-experiencing painful memories or emotions.

Another group of extreme parts, classified by their function as "managers", work preemptively to prevent the person from being exposed to cues in the environment that might trigger the activation of the exiled parts, such as situations that resemble or contain elements of the original wounding event. These manager parts do so by attempting to control the external environment in various ways to keep the person from being hurt again, and to keep exiled parts from being accessed and brought into awareness.

In the event that managers are unable to prevent the activation of vulnerable exiles, then another set of extreme parts, classified by their role as "firefighters", impulsively take over to "extinguish" the strong flames of pain evoked by the exiled parts. Although their function is similar in intent to the managers (i.e., to protect the system from the intense emotions and pain of the exiles), they do so in impulsive ways by going out of control, to divert, or cut the person off from those protected feelings. Activities such as dissociative or distracting behaviors (e.g., addictions, compulsions, self-injury, suicide) function to separate the person from his or her feelings, either temporarily, or permanently. A diagnosis of literal multiple personality disorder occurs when there is such dissociation among the parts that they operate without conscious knowledge of one another.

This internal ecology of sub-personalities normally organizes according to the same principles of general systems theory that apply to external groups. The relational dynamics of exiles, managers, and firefighters, in the absence of Self-leadership, become a recursive system that feeds upon itself to create symptoms when a person is under stress. Mental health professionals often identify the manifest behaviors of such extreme parts as symptoms of psychopathology manifesting in an individual. The IFS model recognizes the dysfunction and dangers of the common clinical syndromes, but assumes that they represent an understandable pre-conscious process. The parts involved in limited reactive external and internal relationships through their extreme roles, when released from these roles, become non-extreme, valuable, and helpful to the person. IFS theory posits that through restoration of trust in the Self by these extreme parts, the system's balance and harmony can be restored. This happens as parts allow the Self to know them, heal them, uphold and speak for their concerns, and balance them with those of others. For instance, a part becomes realistically and flexibly self-protective of a person, as opposed to fiercely, continuously on guard, unable to differentiate safe situations from those that are unsafe.

As a therapeutic vehicle, IFS therapy is a delicate and respectful, yet powerful and efficient process of restoring the Self in a position of leadership while healing wounded and extreme parts. IFS therapy involves assisting a client to focus awareness inward on internal processes. In doing so, the person is assisted by the therapist to access various parts and to experience the presence of Self. This is done first, by negotiating with manager and firefighter parts to allow the Self a chance to prove its ability to lead and to heal, and secondly, by accessing and witnessing the story of the exiled parts in the service of releasing the burdens of the traumatic or devaluing experiences. By initially and continuously addressing the concerns of managers and firefighters, both the safety and permission are established to proceed with healing vulnerable wounded parts without the danger of re-traumatizing. In this process, the Self is gradually re-introduced in the system with the goal of establishing its place as the internal "leader."

When clients learn to differentiate operating through reactive parts as opposed to through the Self that can be aware of and speak for the concerns of the parts, they have learned an important life skill. Operating from a place of Self-leadership can enrich their various family, communal, and work relationships, and help them navigate difficult situations as they arise through the rest of their lives. Empowering a person through accessing and stabilizing a trust in the ability of their Self to lead in both internal and external realms is the ultimate goal of IFS therapy.

The IFS model has broader implications for understanding and promoting Self-leadership in areas outside of personal therapy. The same principles that hold for "parts" and "Self" within people also hold up as systems principles between people. Whether in couples, families, groups, or professional relationships, it is a key component of emotional intelligence to know one's parts, and how they are stimulated or engaged by the parts of others. It is an even higher level skill to be able to relate from a place of Self-leadership that views all of one's parts with a wisdom and compassion through which the Self is allowed to speak thoughtfully and passionately for the parts, as opposed to reactively and defensively from them. When one or both partners in a relationship can speak for instead of from their parts, harmful habitual reactions and unhealthy patterns can be transcended, while more nourishing and productive interactions are encouraged.

Certainly in families, if parents are unable to provide strong leadership or if there is a lack of trust and communication between parents and children, then children over- or under-function, and run into difficulties. In family therapy, a major goal is to establish leadership within the family, but not simply an authoritarian leadership based on force. An important consideration is to help everyone in the family (and particularly the parents) to develop the Self-leadership that is compassionate, balanced, fair, as well as firm, and engenders a self-authenticating authority welcomed and respected by all.

In organizations, Self-leadership is critical for the members to have confidence in the leader, to be most comfortable and productive in their own roles, and thereby minimize job dissatisfaction and the high costs of personnel turnover. Self-leadership helps the executive or supervisor to have a compassionate and discerning understanding of the various components of the system, and to maximize human resources as they relate to the overall vision and goal of the organization. The behavior of such leaders is responsive and purposeful, rather than reactive and driven by egocentric concerns.

Managers who embody Self-leadership listen well to all of the constituents of the working group, gracefully acknowledging the strengths as well as limitations of individual contributors, incorporating the crucial input of all. These leaders have the ability to de-polarize conflicts within the organization, and to establish balance and harmony throughout the entire system. The state of "being in Self" provides an administrator with the capacity to manage stress well, to problem-solve effectively, and to instill trust in others. This trust extends to encouraging Self-leadership within all the members of one's team, so that it eventually attains a high level of organic wisdom and self-organization that minimizes the need for executive micro-management.

Processes to help leaders establish this state of "Self-leadership" require that the individual focus awareness on the ecology of his or her own internal life. Getting to trust one's Self is analogous to the process of establishing leadership in an external system where a leader gains trust over time through responding in helpful ways to various people and predicaments as needs arise. The major step in the internal process involves differentiating, un-blending, or un-fusing the Self from various parts until the Self is in the seat of consciousness. The Self can then begin to observe, listen to, and relate in a healing way to the sub-personalities, always accepting them as valuable and containing an ultimately benevolent intent for the system. This differentiation is done through various forms of meditation, guided imagery, and practice. Some of this work can be done by individuals when given specific procedures to follow. Working with a

therapist skilled in the IFS model, either in personal therapy or in supervision, or with a professional coach schooled in IFS can also be useful for establishing Self-leadership, especially for working with parts that interfere with maintaining Self-leadership.

REFLECTION ON THE MODEL AND THE JOURNAL

This introductory sketch of the IFS model appears deceptively simple. To talk about any form of in-depth therapy in terms of a simple systems-based theory of parts, Self, and establishing Self-leadership seems to demystify the meta-psychology of psychotherapy in the extreme. Certainly it is true that there is considerable and subtle artistry in doing IFS therapy, as well as any number of highly complex meta-discussions possible for bridging IFS theory into other conceptual frameworks. Some of that is done within this first edition of the *Journal*.

However, it is in part, the basic simplicity of the work that has evoked such excitement in us as editors, and in other members of the growing community of IFS trained therapists, which has led to the creation of the *Journal of Self Leadership*. A number of things are striking in regard to the model and its overall simplicity.

For one, it is client-driven. Richard Schwartz did his doctoral work in Structural and Strategic Family Therapy and is the co-author of the best selling overview text of the various approaches to Family Therapy (Nichols and Schwartz, 1998). The *JSL* editors along with the community of people who have trained in the model represent in combination virtually every major form of psychotherapy taught and practiced today. There is widespread concurrence among us that outcome studies reveal that what we have been doing to date is not yet optimal in relation to many presenting problems. Following the experience of Schwartz, who began listening more closely to his clients with a beginner's mind after noting discouraging outcome studies, we confirm that untrained clients spontaneously volunteer information using the vocabulary of parts and Self, as unsophisticated as it might sound. Plus, they naturally and easily respond to therapeutic inquires and interventions couched in this language.

Most striking to us as front-line clinicians has been the therapeutic results we have encountered through employing the IFS model, especially with treatment populations that the psychological literature categorizes as difficult to work with, such as eating disorders, juvenile delinquents, and sexual abusers. We have confirmed the possibility of what Ecker and Hulley (1996) have characterized as in-depth or depth-oriented brief therapy.

The model is presently too new to have generated long-term, controlled research studies. At present, we are following the counsel of Gendlin (1986) in many respects concerning psychotherapy research. As he and others have suggested, using an entire psychotherapeutic approach as a research variable is difficult because the unit is too large, global, diffuse, and diluted by elements held in common with other approaches. However, it is useful to spend clinical research time "playing in the laboratory," and concentrating on which sub-processes and micro-processes make the therapy more regularly successful for the greatest number of people, and how the model works with various presenting issues. This type of clinical research sets the stage for eventually verifying hypotheses that have already been well explored through the expensive, time-consuming venues of formal research. The *JSL* as well as the Annual IFS Conferences report on what progress we are making together through our laboratory play.

One particularly exciting aspect of IFS work is that research, training, and practice are tightly interwoven. This is of value in Gendlin's words because,

> *…when a process is specifically defined for research, the same specific can be used in training. Then it can be used again to assess the practice. The measures are separate, but the microspecifics are the same. Such specifics enable us to instruct paraprofessionals and laypersons. Research precision enables wider application.* (Gendlin, 1986, 134.)

As suggested above, a hopeful aspect of IFS work is not only its application to individuals, couples, and families, but teaching Self-leadership and the normality of multiplicity to those in business, education, government, other professions, and normal people in everyday endeavors. Thus, the editorial policy of the *JSL* is open to a wide range of potential applications.

Along this same line of the inseparability of theory and practice, it becomes apparent in IFS trainings that it is highly limiting to learn IFS techniques without applying them to oneself. The person of the therapist in terms of knowing one's own parts, or countertransference, and being able to operate out of a Self-leadership state is crucial. Positively speaking, being able to study one's own parts as they are evoked through multiple therapeutic encounters becomes a rich place of growth and maturity for IFS therapists. The *JSL* thus anticipates a number of

articles related to supervision, coaching, and training that will deal with these issues more deeply.

Beyond the interface with modern, scientific research possibilities, it has also been striking that differentiating the hard-wired characteristics of the Self from the variable aspects of the parts subject to historical-developmental processes has engendered a new dialogue with ancient philosophical and spiritual traditions.

For instance, Plato developed a tripartite model of the Self. His metaphor of the charioteer driving two winged horses suggested there was 1) an aspect like an unruly horse (appetite) with raw desire that only responded to the pleasure and pain of rewards and punishment; 2) another aspect, more like a pure breed horse (spirit), that responded easily to the wishes and commands of the driver (reason) to empower designated actions; and 3) a driver whose rationality could be in touch with essential qualities (eternal forms) of beauty, truth, wisdom, justice, and love that organized external sensations into patterns of perception, as well as guided the chariot with purpose. The entire chariot, soul, or self-system was self-motivating and self-directing, always seeking the new, prodded and pulled by the intention of its passion (Eros) to find a union of harmony with the Wisdom behind all manifestation, of which it was already full (Schmidt, 1994).

Likewise, many others in history have referenced a concept of The Self, heart self, ontological self, higher self, adult self, soul, or spirit that describe phenomenological dynamics similar to those discovered in IFS work. The *JSL* invites articles that explore these connections, as well as those of contemporary clinical-theorists such as Almass (1986, 1988) who have also discovered an essential as opposed to an introjected Self, and found ways to employ it clinically.

A fascinating interface in the spiritual-clinical realm that IFS has begun to explore is that between Eastern and Western psychology. As Jack Engler (1984) points out, there has always been a profound rift between the East and West. Eastern psychology has normally recommended learning to be in a witnessing or mindful state of consciousness that brings passive bare awareness to what is, neither adding nor subtracting. If one can persist in maintaining this witnessing state, feelings and emotions are simply treated as clouds that pass by, and the person eventually discovers the No-Self or a state of unity consciousness. Western psychologists, on the other hand, are generally concerned with how client's can heal from highly fragmented syndromes that interfere with work, play, and relationships. Engler maintains that one must ultimately have the ego-integrity to be a somebody before it is possible to become a nobody. Wilber (1995, 2000) has often pointed out that those who have attained transpersonal levels of consciousness have not necessarily healed earlier personal issues, and can remain quite dysfunctional in interpersonal realms.

IFS provides a conceptual and clinical bridge between these two positions. An aspect of being in Self is the ability to witness or take under observation one's internal family of parts in action, as in a Buddhist mindfulness practice (Kurtz, 1990; Segal, Williams, and Teasdale, 2002). If one remains in the Self-state, it can also lead to the same states of spaciousness and groundedness reported by traditional meditators. However, the Self also has essential qualities of compassion and care available to it, such as Buddhists employ in loving-kindness meditations, that can actively bring healing to extreme, fragmented, and polarized parts. The parts are calmed down and no longer need to constantly arise to claim consciousness. Active healing in turn promotes the possibility of passive witnessing, the healing of ego leading to its increased ability to release one into essential states of calmness and clarity. Articles that flesh out more of this East-West interface will undoubtedly continue to appear in the *JSL*.

Special note should also be made of the experiential quality of IFS therapy (Greenberg, 1998), how parts are embodied in one's physiology (Llinas, 2001), and how therapists are learning more about how to work with the functional unity of mind and body in sessions (Kurtz, 1976, 1990; Caldwell, 1997). Here are other realms rich for evoking *JSL* articles and reports.

Highlighting the above aspects of IFS work is in no way meant to limit the creativity and scope of potential *JSL* writers. The editorial policy offers a fuller and more formal statement of what is invited. The editors would like to extend special thanks to all those busy clinician-theorists who took the time and effort to contribute their findings to this inaugural edition of the *JSL*. We hope that the first edition of the *Journal* will serve to encourage others to also share their conceptual and clinical work. The *Journal* represents one way in which we all benefit from the work of others, and progress this healing model together in dialogue with the larger therapeutic community.

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The (R)evolution of Family Therapy

Adaptation, Protection and The Functional Hypothesis From Bateson to Internal Family Systems Therapy

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Abstract

The field of family therapy represents a scientific revolution that has changed the way we understand and treat psychological symptomatology. Within this field there are various models that have evolved over the past half-century. While there are important distinctions among these models, their common base is formed around the view of emotional symptoms as an attempt at adaptation and protection within multiple contexts. This paper attempts to demonstrate this common bond, the functional hypothesis, among family therapy models as the centerpiece of a field that continues to evolve.

INTRODUCTION

Scientific revolutions change the way we think forever. Copernicus and Galileo, in shifting the center of our universe from earth to sun, revised the beliefs about nature and humankind. The Enlightenment ushered in reductionism and experimentation and shifted our thinking from supernatural causation to a belief in the order of the natural world. Darwin (Brent, 1981) demonstrated that all living things are engaged in the process of adaptation and survival and are linked together via evolution. Einstein's relativity theory highlights the connection between the observer and that which we observe. Inventions such as the printing press, steam engine, the telephone, the automobile, the airplane, the dishwasher, the piano, nuclear weapons, the computer and the internet have changed our capacity to navigate, communicate, recreate, decimate and have extended our capacity for "memory", way beyond our physical limitations. A scientific revolution involves a paradigmatic shift, i.e., a transformation in the way we believe the world exists (Kuhn, 1970; Tofler, 1980).

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In the field of mental health, beliefs about the emotional struggles of people have evolved from concepts such as "being possessed", to biological etiology, to instinct theory, to childhood trauma, to social learning, to faulty cognitions. Most models of human psychology, for centuries, viewed psychological symptoms as emanating from a source. In one form or another, this was essentially a reductionistic approach. It was the clinician's (or shaman's) task to uncover the source of difficulty at its root cause. With the exception of Eastern philosophies, little known to investigators in the Western world, psychological difficulties were viewed as an "illness" or "pathology", needing treatment akin to physical disorders. Today, we have a dominant classification system in which emotional struggle and problems in living are organized in the same way as a nosology of medical conditions (DSM-IV, 1994). It was the field of family therapy, initiated in the 1950's that changed this way of thinking. Gregory Bateson and his colleagues in Palo Alto hypothesized that mental disorders had much to do with the context within which they were embedded. In other words, clinicians needed to understand the metacommunications of family systems in order to "diagnose" emotional disorders. Therapists needed to understand the family as an anthropologist needs to understand a culture in order to make sense of a particular behavior. From this perspective, symptoms make sense depending on their contexts. As an extension, symptoms are attempts at adaptation to multiple contexts. Multiple contexts exist on the biological, intrapsychic, family, cultural, and gender levels (Breunlin, Schwartz, & MacKune-Karrer, 1992; Engel, 1977; Mones, 1994; Mones & Patalano, 2000; Wood, 1993, 2000). Symptoms are not forms of pathology or illness but are strategies for survival.

This systems view of humanity was no less a scientific revolution than key ideas and inventions put forward throughout history. Like other paradigm shifts, practitioners are still struggling with this view a half century after its proposal. The field of family therapy, with contextual understanding at its base, has evolved

many models of thinking about human nature. While each model makes its own significant contribution, it is this author's belief that symptoms-as-adaptation to multiple contexts is at the core of these models. (It is felt that even in postmodern theories that question this premise, this belief is nonetheless operative, as will be discussed later in this paper.) This paper will trace the adaptational view embedded in family therapy models and will give Internal Family Systems Therapy its rightful place in the evolution of this revolution.

THE FUNCTIONAL HYPOTHESIS AND MODELS OF FAMILY THERAPY

Understanding symptoms as mechanisms of psychological survival leads each investigator down a path of unique conceptualization. Along the way, each investigator, with adaptation at the foundation (either stated overtly, but more commonly presupposed), states his or her beliefs about problems in living. This author calls this conceptualization the *functional hypothesis—a restatement of the presenting problem in terms of context and function.*

The history of humankind speaks to the first "unwritten" functional hypothesis. Throughout the millennia, people of all cultures have overwhelmingly (currently over 90%) chosen to form unions of couples and produce families (Eshleman, 1991). The reasons may vary from time and place but the common denominator is *protection.* The world is a scary place and it's safer and more efficient to band together in tribes, clans and families. This form of protection, however, is fraught with complexity as connectedness to others competes with the pressure to preserve autonomy.

Bateson and colleagues (1956/1981), in studying schizophrenic patients and their families, observed that meta-communication, or communication about the communication resulted in the ultimate "meaning" of family interaction. This group of investigators, in borrowing from cybernetic principles, also posited that homeostasis was a powerfully operative process in families. In essence, families try to maintain an emotional climate and attempt to manage and control the steadiness of that climate in the service of psychological protection. Families need to adapt to changes like growth of children, death of grandparents, loss of jobs, etc. Successful families can adapt; symptomatic families struggle with the unfolding of the life cycle (Olsen, 1996; Carter & McGolderick, 1999; Mones, 1998). Families also develop rules and roles in order to control the emotional "thermostat"—negative and positive feedback loops. Bateson, et al. (1956), in studying families of schizophrenic patients, proposed the first functional hypothesis in the family therapy literature:

> … [the patient] must live in a universe where the sequences of events are such that his unconventional communicational habits will be in some sense appropriate… (P.45)

This way of thinking, controversial to the current day, begins a way of thinking that de-pathologizes our clients and suggests that if we understand their context, their symptoms will "make sense".

Bowen (1978) viewed emotional struggles as unresolved anxiety and psychic pain transmitted across and within the generations of a family system. The formation of emotional triangles in various structures, (e.g., two parents and child, extramarital affair, grandparent with spouses, couple plus alcoholism, etc.) serves to stabilize and cool down an overheated family environment. While triangles will work in the short run, over time the underlying anxiety and pain will fester and increase the need to intensify existing triangles or create new triangles and perpetuate psychological symptomatology. For Bowen, triangulation provides protection of the intrapsychic system. However, this attempt at adaptation leads to constraints on differentiation of self, the core process that serves to promote growth and maturation and ultimately leads to the capacity for healthy relationships. In other words, the mechanisms of adaptation and protection (triangles), limit the degrees of freedom for differentiation of self.

Minuchin (1974; 1981; 1989), in his structural family therapy model, posits that symptoms emanate from family typologies that organize around hierarchies, boundaries, and predictable sequences of behavior. Enmeshed family systems are characterized by unclear and diffuse boundaries between parental and child generations. In these families, there is heightened emotional reactivity and sensitivity to one another. In this family structure, there will be an excess of connection but insufficient allowance for individuation or selfhood. Enmeshed family systems tend to result in symptoms of internalization, i.e., anxiety, depression and somatization.

On the other end of the spectrum are families who are disengaged. These systems are characterized by a dearth of emotional bonding, and excessive emotional distance between and within generations. In these families, separation and differences are emphasized. Such families tend to generate symptoms of externalization such as antisocial behavior, addictions and aggression.

According to Minuchin, families need to navigate through life by adjusting the degree of closeness and distance from one another. In other words, family

members are stuck with one another and can adapt to this existential fact by manipulation (albeit largely unconscious) of the spatial dimension (Mones, 1998). Symptoms arise from maneuverings that work to provide safety and security but in the long run may not work in all situations as the life cycle progresses. Families will tend, in accordance with the rules and roles created, to maintain sequences and patterns created to adapt in one situation, but may backfire in another place and at another time. Once again, we see how symptoms are linked to attempts at protection and adaptation. In addition, larger contexts such as institutional, cultural and economic status will influence the choice of family structure and, symptom production.

The field of Strategic Family Therapy takes on many forms and has been the model that continues to develop most over the years. At its core, this model emphasizes the process of psychotherapeutic change. It is a purist model that views emotional problems as direct attempts at psychological survival. As such, it is a close descendant of Bateson's work. Haley [(1980, 1987), as linked to Erickson (1962)] views symptoms as metaphorical to the family system. (Also, see Haley, 1963; Bandler & Grinder, 1975), Change the symptom via a systemic strategy that will account for the protective nature of that symptom and you will alter the nature of the relationships of family members. Life is paradoxical—we set up structures and behaviors that serve to protect us from psychological hurt and pain but, these same structures, when over-employed, limit our healthy choices. As a Zen Master would do, in order to change unproductive outcomes of this paradox, i.e., strategies that do not work beyond their initial short-term success use this paradoxical process itself to create new, healthier results; in other words, employ human nature to improve upon itself. Haley and also the Mental Research Institute (1974) and, formerly, the Milan Model (Palazolli, Boscolo, Cecchin, & Prata, 1980), view symptoms as attempted solutions that, in themselves, have now become problems. The essence of the treatment process is Reframing—demonstrating verbally or via behavior or paradox that symptoms serve a protective purpose but that they also create new difficulties. The answer? To create new strategies that support healthier growth and adaptation to new situations. These new strategies must be embedded in a system that can accept and not be threatened by such change. For the strategic therapies, the protective and adaptational nature of symptoms, employed by us all, is harnessed for curative purposes.

Beyond the strategic therapies, the field of family therapy takes on an interesting turn (or branching) of the evolutionary tree. As our culture has raised its consciousness regarding the power hierarchy between the genders and has grappled more overtly with issues of racial divide, poverty, cultural diversity and the powerlessness created by these social forces, the field of family therapy has challenged itself, offered critiques of extant models, and proposed new ways of looking at old issues. At the base of these critiques is the notion that the adaptational view of psychological symptomatology tends, in itself, to pathologize or even blame families for their problems (Nichols & Schwartz, 2001). Does this view indict parents, albeit unintentionally? If the larger culture supports and promotes gender differentials, ostracizes same-sex coupling, maintains and even extends a class system based on race, ethnicity and economic status, how do we judge what is healthy adaptation? Perhaps the microcosmic family survival is powerfully linked to survival on a macro, societal level, therefore demanding change to occur on that level for real change and emotional health to have a chance.

Out of these concerns, new models have grown. The Solution-Focused movement (deShazer, 1985) proposes that human beings do not *need* to have problems. Essentially, we possess the strengths and resources and are already exercising these options some of the time. The central theme of this work is that people can change their emphasis on maladaptive solutions to problems. A therapist will guide them to recognize their positive solutions used and to reverse the emphasis so that these healthy approaches to life's problems become dominant. In fact, this model proposes that people and their helpers (therapists), by focusing on problems and negativities, will create obstacles in the way of liberating the exercise of positive solutions. This model bypasses the expression of pain, hurt and family contextual history. While this model directly challenges the core idea of symptoms-as-adaptation and functional hypotheses, in a sense, according to this author, it is still embedded in the very assumption it purports to question. By challenging attempted solutions that don't work and elevating exceptions to these attempted solutions, isn't the solution-focused therapist still viewing behavior through a lens of adaptation and survival? If people tend to focus on negativity and pain to the exclusion of strengths and resources, isn't this pattern itself an attempted adaptation that does not work? People seem to organize themselves and their relating in response to trauma and organize intrapsychically and interpersonally so as to avoid the experience of past and potentially future pain. Isn't this what the solution-focused therapist is faced with? Recent questions have been raised regarding the bypassing of this pain as the "solution" (Rossiter, 2000; Schwartz, 1999; Schwartz & Johnson, 2000).

Postmodern approaches to treatment, most prominently Narrative Therapy (Anderson, 1995; White & Epston, 1990), also represent an attempt at breaking with the adaptational line of reasoning that pervades the family

therapy field. Narrative therapy distinguishes itself in its emphasis on collaboration between the therapist and family, emphasizing equality in relationships and challenging "therapist-as-expert" position of most models. In this approach, the means of treatment are as important as the ends. This is in direct contrast to other models, most notably strategic, where power differentials within the family and between therapist and family are employed in the service of change. In narrative sessions, the therapist tends to ask many questions in a nonjudgmental manner so as to draw out the "stories" of the clients and ultimately to encourage the revising of such stories in healthier versions. There is much emphasis on "externalizing" the problem, linking people's struggles with inequities in the larger social structure such as racism, sexism, emphasis on physical beauty (eating disorders), etc. The hope is to mobilize the client and family to become activists in correcting societal wrongs. In this model, the therapist steps out of the "box" in bypassing the family context (Minuchin, 1998). This process eradicates the possibility that the family will feel blame or shame regarding their problems. It should be evident that while a family focus is de-emphasized, the focus on societal "ills" can be viewed as the tendency for individuals and families to *adapt on a larger scale* to cultural expectations and structures. Similar to solution-focused treatment, the processing and witnessing of trauma and pain is bypassed in this therapy. The core "belief" (narrative therapist may not approve of this term as they avoid the imposition of therapist's beliefs onto clients) is that people become healthier when telling their "stories" within a nonjudgmental, accepting relationship. In addition, when individuals unite to make the world a more just and peaceful place, a growth –promoting journey will be set in motion. This author applauds this view but would still maintain that these "beliefs" are consistent with the themes of adaptation and protection embedded in the legacy of the field of family therapy.

INTERNAL FAMILY SYSTEMS THERAPY IN CONTEXT: THE EVOLUTION OF ADAPTATION, PROTECTION AND THE FUNCTIONAL HYPOTHESIS

The Internal Family Systems Therapy (IFS) as developed by Richard Schwartz (1995a; 1995b), is a model that extends principles elucidated by the various models of the family therapy field to the internal world of the client. This model is integrative and meta-theoretical in that it includes concepts and methods from Bowen theory, structural and strategic approaches to treatment and, is consistent in many key ways with beliefs purported by these models.

Internal Family Systems views the internal psychological world of human beings as made up of an ecology or system of Parts. These Parts follow many of the same rules that have been explicated in theories that focus on the interpersonal plane.

The IFS model holds that each of us possesses a core Self that is compassionate, curious, caring and capable of effective leadership within the internal emotional environment as well as in interpersonal relations. As a result of traumatic experiences and imperfect care-taking during our lifetime, we carry sadness, fear and pain that is often not fully metabolized because we were too young and ill equipped to do so and because our parents were also not fully capable of effectively helping us through these experiences. The remaining feelings are called Exiles. They are termed as such out of the need to keep the experience of psychic pain out of our conscious awareness. In order to help accomplish this banishment of pain, two sets of other Parts are activated. One set of Parts is called Managers. Managers emphasize internal and interpersonal control and do all that they can to keep the "gate" locked shut so that awareness of the Exiles is kept at bay. On the other end of the spectrum are the Firefighters. Firefighters also try to alleviate the experience of discomfort and pain but these "helpers" are employed to soothe and calm the feelings that inevitably break through the barriers set by the Managers. Common Firefighter activity includes drug and alcohol abuse, sexual promiscuity, binge eating, etc. The resultant of excess activity and dominance of Managers and Firefighters is that the Self is eclipsed and we operate out of excessive protection and defense rather than from compassion and caring, core traits of Self. The ecosystem of the Parts outlined above operates in accordance with processes such as importance of Self, establishing alliances and triangles, hierarchies and boundaries and sequences, i.e., use of time and space dimensions, as stated in Bowen Theory and Structural Family Therapy.

The therapeutic process in IFS is to help guide the Self back to its rightful leadership position within the internal system. This involves working with Protector Parts—Managers and Firefighters, so that their dominance will gradually diminish and trust of Self will expand. . Recognition of the usefulness of these Protector Parts is key along with gaining their trust to allow the Self to lead. As Self assumes its leadership role, the process of unburdening the pain, fear and sadness of the Exiles is the curative feature. There are many similarities here to the Strategic Model that views problems as attempted solutions and believes that change will occur via Reframing. Also, the IFS model believes strongly about building on strengths of the

system and health of the Self, a belief akin to the Solution-focused model.

In addition, like the Narrative approach, IFS is extremely respectful of the person and his/her Parts and views Self-to-Self communications and relating as the key to healthy relationships and, on a global scale, world peace and justice. IFS does differ importantly from solution-focused and narrative approaches in its emphasis on witnessing and unburdening intrasychic pain as necessary for change that will last.

THE CHALLENGE: SUCCESSFUL APPLICATION OF THE FUNCTIONAL HYPOTHESIS IN TREATMENT

As we have seen, the central contribution of the family therapy revolution is the view of emotional problems or symptoms as attempts at psychological survival within multiple contexts. The challenge for the therapist is how to translate this knowledge into therapeutic change for the individual and family clients. Each of the models explored (as well as many offshoots) have proposed a focal point attached to a suggested technology of change. Each model with its particular applications works some of the time. In order for a clinician to maximize his/her success, knowledge and flexibility with all of the models and corresponding applications would be best.

The greatest challenge is that individuals and families, intrapsychic and interpersonal systems, do not easily accept the functional hypothesis. In fact, some of the early pioneers, in their over-zealousness of conceptualization and methodology, actually antagonized the very family systems that they were attempting to treat. This unfortunate occurrence created a backlash against systemic thinking at the time. This is logical in that these systems are constructed so as to perpetuate the homeostasis of the system itself. "Interpretations" from an "expert" oftentimes will create greater defensiveness resulting in the system's rejection of an overtly stated hypothesis. In fact, the helping system (therapist) is rejected by the client system (client family) if insufficient respect for and pacing of the protectiveness is not forthcoming. Certain techniques and applications will be threatening to the already precariously balanced defensive structure (Nichols & Schwartz, 2001). The key to this process is a therapist who inquires in a safe, non-threatening manner with curiosity and compassion about the protective and adaptive strategies on interpersonal and intrapsychic planes.

Failure to respect and work with the protective system of our clients will result in difficulty or refusal to consider change. Clinicians may view this aspect of human nature as "resistance". When this happens, clients and therapists alike often conclude that the functional hypothesis is inoperative. Further, such a conclusion easily fosters the adoption of other approaches such as the medical model on the one hand, which relies upon medication and/or hospitalization to produce reduction in symptomatology or a purely behavioral approach on the other hand, to problem resolution which focuses predominantly on symptom reduction While these approaches may be successful in the short run, if they are not sufficiently systemic, it will be likely that relapse or intensification of symptoms will take place later (Jacobson & Christensen, 1996).

The therapeutic process, therefore, is paradoxical. The adaptive nature of the symptoms must be understood and respected in order to set the stage for a change in the system. Once this is experienced in a safe, secure therapeutic environment, a gradual transformation of the system itself can occur. Protective Parts and strategies can become less dominant and tyrannical and Self-leadership can emerge. Self-leadership will result in healthier internal and interpersonal emotional systems. There will result a diminution of triangles and increased differentiation of self (Bowen Theory). Boundaries and hierarchies will be in the midrange on the continuum of enmeshment-disengagement (Structural Family Therapy). Clients will understand and monitor their tendency to protect against painful emotions by creating an array of strategies that can, when over-employed, create new difficulties (Strategic Models). A greater focus on strengths and not deficiencies will emerge (Solution-Focused Therapy). Collaborative families will become joined as effective problem solvers and perhaps will harness their knowledge to contribute to change on a societal level (Narrative Approach). The unburdening of psychic pain, along with the emerging leadership of Self, internally and interpersonally, will lead to healthier individuals and families (Internal Family Systems Therapy). This is good news for current and future generations.

CONCLUSION

This paper has attempted to demonstrate that the revolutionary idea that launched the field of family therapy, that psychological symptomatology is not an "illness" but is an attempt by the person to adapt and survive within their set of multiple contexts serves as the centerpiece for all models, from Bateson to Structural Family Therapy to the Strategic Therapies. In addition, it is suggested that the centerpiece of the functional hypothesis extends to Solution-Focused and Narrative approaches. It has also been proposed that the integrative, meta-theoretical Internal Family Systems model has earned its rightful place in the evolution of this revolution that began fifty years ago.

As we enter a new century and millennium, the family field can take pride in its belief in the core goodness of human beings. Our struggles result from unresolved psychic pain and from attempts at protecting ourselves from the discomfort of this pain. Human beings are enormously creative in devising protective and adaptive strategies in this regard (see DSM-IV for a list of possibilities!) The field of family therapy has courageously recognized this creativity and has re-harnessed this energy to promote healthier individuals and relationships. This field has been a revolution. We can look forward to its continuing evolution.

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An Application of Internal Family Systems Theory to Academia: Toward the Self-led University

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Abstract

The Internal Family Systems (IFS) model developed by Richard Schwartz (1995) provides a framework for categorizing, organizing, understanding, and changing intra-psychic systems and offers extensions to family, cultural and societal levels. This paper applies IFS theory, a unique combination of systems thinking and the multiplicity of the mind, to the university system. Based on this model, parts of the university system and subsystems are identified and a view of the Self-led university is given. A potential extension of IFS therapy to this context is invited for future consideration.

In a world climate of fear, instability, and uncertainty, exacerbated by the depletion of vital natural resources and worsening economic conditions, the university finds itself in a critically delicate balance between the changing faces of past and future. It is situated between a deeply rich reverence to tradition with a long, committed history of adherence to disciplinary boundaries and the necessity to respond to innovations and rapid change in various technological, economic, social, cultural, and political arenas. This paper introduces Richard Schwartz' Internal Family Systems (IFS) model (Schwartz, 1995) to the university system as a framework from which to interpret the structure and function of the university and potentially to form a new understanding of how it constructs and adapts to its evolving and increasingly diverse realities.

Following a brief description of the IFS model, IFS theory is applied to the university system using examples of university-related "parts" in the roles of managers, firefighters, and exiles, the three main groups into which human systems in IFS theory, and extension, university systems, can be organized. This is followed by a glimpse of what the Self-led university might look like when exiled parts have been liberated from their burdens of inferiority, insignificance, poor self-esteem, and hopelessness, thereby allowing the university to exhibit qualities of Self leadership. This is followed by a glimpse of what the Self-led university might look like when exiled parts have been liberated from their burdens of inferiority, insignificance, poor self-esteem, and hopelessness, creativity, wisdom, and self-sustainability. In conclusion, an invitation is given to the reader to explore ways in which IFS therapy could be applied to the university system, toward discovering new ways to stimulate its imagination and release its Self-sustaining energy.

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THE INTERNAL FAMILY SYSTEMS MODEL

As described by its founder, Richard Schwartz, the IFS model (Schwartz, 1995) is a collection of principles grounded in a "basic orientation to people" that has its origin and development in the language of parts that Schwartz recognized was a natural way for his clients to communicate their life experiences. The IFS model is a Self-leadership model that combines systems thinking and the theory of the multiplicity of the mind into a theory that focuses on parts that play different roles in systemic patterns of interactions.

Parts can be referred to as "inner people" that represent discrete and autonomous mental systems with their own worldview, their own strengths and weaknesses with respect to abilities, motivation, and expression, as well as their own idiosyncrasies.

The IFS model categorizes parts according to their basic system-specific functions into "managers", "exiles", and "firefighters." Manager parts are protective, strategic, and primarily interested in controlling the safety of the environment, whereas exiles are the most sensitive members of the system that when injured or outraged, will be "imprisoned" by the managers for their own protection as well as for the safety of the system as a whole.

Firefighters are very similar to managers, except that while managers are proactive and preemptive, firefighters tend to flare in a reactive manner. Firefighter activity is usually very powerful, automatic, and undesirable; its purpose is to stifle or soothe negative feelings when exiles are threatened or upset. These exiles are often desperate and extreme parts that have been marginalized and oppressed by the system because they carry feelings of hurt, fear, and shame. They are the outcasts of the system that carry the painful system history of memories from early abuses and trauma.

Schwartz maintains that the Self, though not considered a part, is a naturally resourceful state of being at the core of the system, differentiated from all other parts. From within this Self space the person is able to speak for the other parts of the system while exhibiting qualities identified as the "8 Cs of Self": Courage, confidence, clarity, compassion, connectedness, calmness, curiosity, and creativity. The person would then be considered to be practicing Self-leadership.

In IFS therapy, clients get to know burdened and polarized parts and help them to release from their extreme roles. This process liberates parts' energies and activities so that they can eventually integrate to form a unity with the system. An important goal of IFS therapy is to help to differentiate the Self within the system of parts and in so doing restore Self-leadership, balance, and harmony within the individual.

A STRUCTURAL VIEW OF THE UNIVERSITY SYSTEM

Various theoretical interpretations may be used to understand the underlying processes of the university's organizational system. Among these interpretations are those that draw upon some of the latest insights of chaos and complexity theory pointing to explanations about how ordered patterns of activity can emerge from spontaneous self-organization (Langton, 1992; see also Lewin, 1992; Kauffman, 1993; Kelly, 1994), or related cybernetic ideas suggesting that change is enfolded in the strains and tensions found in circular relations (Wiener, 1961), or the interesting theory of autopoiesis developed by Maturana and Varela (1980) that maintains that all living systems are organizationally closed, autonomous systems of interaction that reference only themselves. Gregory Bateson's (1972) interest in the ecological aspects of systems emphasizes that "wholes" evolve as complete fields of relations that are mutually determining and determined. Within Bateson's frame of reference, the university system's pattern must to be understood as a whole and as possessing a logic of its own and therefore could not be understood as a network of separate parts.

Informed by all of these different systems theories, for the purposes of this application of IFS theory, the university system is viewed as an eclectic model containing a family of autonomous interconnected subsystems with relations to the environment. Each subsystem is self-referential in that it enters into (often bureaucratic and hierarchical) interactions that are specified in patterns of relations that define the university and the functioning of its component subsystems.

Subsystems ideally encompass the student subsystem as the common focal point of the university. Information exchange within and among subsystems contains feedback mechanisms that propagate change from subsystem to subsystem, as evidenced with formal and informal student evaluations and promotion and tenure decisions that require consideration by multiple committees and individuals, both academic and administrative. Examples of university subsystems include administrative decision-making, faculty governance, university and departmental committees, student governance, undergraduate and graduate programs, sports teams, and community-habitat interconnections.

Most importantly the common student core is understood as representing the space of interaction in which the student and university subsystems coincide. This is the sacred space in which students come to learn about reality, exercise their innate abilities as artists who create and imagine, and begin to realize their potential contribution to humanity. The student core is the heartbeat and *raison d'être* of the university.

THE PARTS OF THE UNIVERSITY

Parts Identified

As similarly described in human systems, the university system also has parts. University parts also interact in a patterned, prescribed, and generally predictable ways. Depending on how the university is perceived, subsystems can include parts that mirror structural administrative divisions, academic schools, departments, classes, institutes, and centers, or that are patterned from functionally organized committees, clubs, unions, diversity groups, seminar series, and councils, to name a few. For example, an academic school can be described symbolically as containing a part that could be perceived as having potentially polarized department parts. These department parts might in turn have striving faculty parts and so on. Individual parts may also correspond literally to actual responsibilities and roles such as president, vice-president, provost, deans, department chairs, committee

officer, professor, researcher, student advocate, student advisor, or counselor. These parts may find themselves functioning in various ways depending on other parts with which they find themselves in relationship.

The process of getting to know the parts of the university involves understanding a multiplicity of parts that may be identified as corresponding to actual university roles or to other symbolic and archetypal roles and considered on many intellectual, emotional, spiritual, social, cultural, and political levels. Parts based on roles of university-connected personnel include, for example, the various rankings of Academic Faculty parts, Office Manager parts, Administrator parts, Student parts, Trustee parts, and Community and Corporate Practitioner parts.

Similar consideration of symbolic or archetypal roles could be given to departmental, school, college, community, and corporate subsystem levels, as well as to the university level as a whole. For example, a Competitor part might be identified on the individual student level as well as on the departmental subsystem level although with very different motivations and cohort part interactions. While student competitor parts may be striving for high cumulative grade point average, department competitor parts might be vying for additional faculty lines and increased budgetary allocations. On the university level, the Competitor part could be interpreted as working externally, trying to attract talented well-rounded students on one hand and working toward achieving a higher nationally recognized tier ranking on the other.

As previously mentioned, the university can also be viewed as having rich historical and archetypal parts. Paul Moxnes (1993) identifies twelve deep roles in different cultural artifacts such as fairy tales, Greek mythology, the Bible, and soap operas that have their origin in the roles of the primary family - father, mother, son and daughter. These roles could be interpreted as parts of the university; for example, the symbolic mother part might be identified as the Alma Mater of light and truth or perhaps Lady Liberty who lifts her lamp of knowledge and hospitality to all who enter.

Moxnes' father and mother, and son and daughter roles might be recognized from some perspectives in the university as symbolizing the relationship between Administrative and Academic Faculty parts. In departments, or academic schools, department chairs and deans may witness Faculty parts acting as if in sibling rivalry.

According to Moxnes, in groups and organizations each of these images of family roles is polarized into a good and bad part through the basic defense mechanisms of splitting and projection: the father as God or Devil, the mother as Queen or Witch, the son as Crown Prince or Black Sheep, and the daughter as Princess or Whore. In addition to these eight primary deep roles there are two secondary ones, the Helpers, identified as Shaman and Slave, whose function is to help the family survive spiritually and materially, respectively. The two last deep roles are of a transformative nature: the Hero (Winner) and the Clown (Loser), that is, the one who has won a good primary (family) role, and the one who has lost it, or never gained one.

Ian Mitroff (1993) identifies variants of Moxnes' primary family role symbolic characters. He suggests that organizational life can be understood in terms of the relations between fools, magicians, warriors, high priests, lovers, and other symbolic characters. In varying degrees and at differing times these roles might also be among those evidenced in the parts of individuals, as well as in subsystem parts of the university system. A complete analysis of university system parts based on Moxnes' and Mitroff's symbolic characters, while beyond the scope of this paper, would no doubt provide enlightening and instructive ideas for the further application of IFS theory in this context.

Calling upon the theory of Carl Jung (1968) the pattern of organizational life is created and recreated in accordance with the structures found in the history of myth and literature. Jung's emphasis on the role of archetypes in his work on understanding conscious and unconscious life in terms of an interplay between opposing tendencies has potential implications for understanding patterns of part interactions in the university's organizational life. In fact, the University part itself might be considered an archetypal part linking individual and subsystem parts to an innate need for order, a reverence for knowledge, and the inner drive toward creative expression.

University Managers

Manager parts associated with administrative and academic subsystems strategize about programs and planning. These parts often play extreme roles with respect to budget and personnel because they feel responsible for the sustainability of academic and administrative departments across campus. They are active and well exercised, powerful, controlling, and highly protective of individual and subsystem safety, effectiveness, and ability to get work done. Academic managers can be witnessed guarding their domains and student enrollments in college, school and departmental turf wars over ownership of courses and programs. Administrative managers are generally risk averse, polarized with entrepreneurial parts,

and often foster a paralyzing "this too shall pass" attitude with respect to environmental change.

Faculty manager parts can dictate following proper procedure and carefully adhering to contracts. They can also provide motivation to impress administrators with decision-making authority. With respect to students, they take on the tasks of helping to create fruitful learning environments and collaborative research relationships.

Student manager parts are responsible for getting them (hopefully) to class on time and generally help with time management. They also get caught up in extreme roles with all-night cramming for exams or devising excuses for missing class and tests. These manager parts may find themselves also involved in instigating firefighter activity by resorting to plagiarism to insure passing or higher grades in extremely competitive environments.

Exiles and Unburdening

Exiles are sensitive parts of the university system that may carry onerous beliefs about academic reputation, lack of appreciation, feelings of inferiority, lack of personal and professional self-worth, and of being used and abused as political stepping stones. Marginalization over power and control issues as well as the opposite extreme of inordinate and aggressive allocation of resources to university subsystems and faculty may provide clues as to the nature and existence of exiles.

Gratitude and recognition, potentially valuable components in any application of IFS therapy in this context, can be effective unburdening tools. A small perturbation of praise in the system can release creative and transforming energy that ripples throughout the university.

Firefighter Activity

Administrative manager parts are often successful in imprisoning exiles, however, should the exiles launch an escape that can not be contained by manager parts, then firefighter parts take center stage in the guise of grievance filings, law suits, faculty and student demonstrations; all of which are designed to bring immediate attention to the exiles' unmet needs. Academic jealousy, dishonesty, scapegoating, victimization, and blame may all signal firefighter activity in their attempts to assuage exiles deeper anxieties.

Exiles' burdens usually accumulate as the result of past "traumas." Firefighters may then be witnessed reacting in extreme ways to protect exiles from further trauma. For example, in response to financial problems with potentially harmful effects for a university's reputation, one university's Competitor part may find itself automatically participating in firefighter activity to acquire confidential student information from other universities. In the university context, traumas may result from any number of unfortunate decisions and circumstances, including failed financial investments, legislative pull-backs, poor selection of faculty and administrative officers, individuals and committees that are neither productive nor dedicated, general misunderstandings, agenda clashes, or a university's failure to appreciate the rich goldmine of human resources that the university has at its fingertips.

Qualities of the University Self

The Self-led university is not run by its parts. It understands its parts, has perspective on them, and yet is able to differentiate itself from its parts. In the Self-led university the qualities of Self are present in its patterns of interactions and interrelationships. This is most noticeably evidenced when lifelong learning flourishes as a top priority in mission and strategic planning. The university-community interface is a permeable "classroom" that extends beyond the school building to museums, science centers, other colleges and universities, healthcare and social service organizations, businesses and homes (Senge, Kleiner, Roberts, Ross, and Smith, 1994).

The Self-led university values the student as "ultimate concern," a term used by theologian Paul Tillich to refer to a center point or core of that which is cared about most passionately (Brown, 1965). The Self-led university partners with students to advise, support, challenge, and encourage them in their journeys of discovery and their search for meaning and significance in their lives. The Self-led university is curious about ideas from "outside the box"; it makes collaborative multi-lateral decisions, and maintains a sense of reverence for its purpose and mission.

The Self-led university encourages an ethos of openness, mutual respect, acceptance, and responsibility to self and others. Academic freedom is courageously upheld. Traditional concerns for rational control are tempered by Pilgrim parts that thrive on experimentation and new discoveries. The university in Self maintains an active willingness to pursue constructive ways to approach resistance and defensive routines that sabotage and block change.

The Self-led university channels its energies to encourage a sense of community creativity, compassion, and connectedness, and in so doing the university becomes a source of healing.

CONCLUSION AND NEXT STEPS

In this new millennium, universities are simultaneously being challenged to carry valuable dimensions of tradition, the "old ways", into the new while under increased pressure to rock the *status quo* with innovation and entrepreneurial ventures. New endeavors may call for teamwork and collaboration skills that diverge from the traditional research skills of many university types. The gateway to answers may be found in a Self-led university that is student-centered, and to the extent that its information infrastructure, including acquisition, delivery, and transmission of information and knowledge satisfies the overwhelming need for collaboration and interconnectedness in the network age.

This paper has endeavored to apply IFS theory to the university system by providing an initial mapping of the elements of the model to this domain. A preliminary identification of parts of the university, by no means exhaustive, illustrates their multiplicity on many systemic, subsystemic, and individual levels. Examples of managers, firefighters and exiles have been given, followed by a view of a Self-led university that exhibits the qualities of Self. The Self-led university has been envisioned where compassion and creativity flow freely and confidently within and from the university, strengthening it to fulfill its mission in the challenging days ahead.

With the sphere of IFS influence expanded to the university setting, the reader is invited to consider a potential application of IFS therapy to this domain, for the purpose of helping it evolve new ways to respond to the diverse and changing needs of its students and environment. University, know thyself!

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The Development and Validation of a Scale for Measuring Self-Leadership

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Abstract

The purpose of this study was to develop a psychometrically sound measure of Self-leadership within the framework of the Internal Family Systems model to be used in clinical practice and research. A cross-sectional study using survey data in a sample of government employees (N=745) was conducted to develop the measure and evaluate its psychometric properties. A 50-item Self-Leadership Scale (SLS) was developed, as well as a brief 20-item version for use in clinical practice. Both the 50-item and brief 20-item scales were found to have adequate internal consistency and construct validity, as well as marginal test-retest reliability. In exploring correlates of Self-leadership, both scales were found to relate to measures of well-being representative of one's internal environment (i.e., general health perceptions, life satisfaction, symptoms of illness, perceived stress) and measures of work indicative of one's external environment (i.e., supervisor support, coworker support, work stress, job satisfaction). Conceptual issues relating to Self-leadership (e.g., viewing it as a state versus a trait), limitations of the study, and implications for the use of the SLS in bridging the gap between research and practice are discussed.

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INTRODUCTION

The concept of Self-leadership examined in this research is based on the Internal Family Systems (IFS) model, which evolved out of the recognition of the multiplicity of the mind and an attempt to understand the mind and then change it using systems theory (Schwartz, 1995; 2001). In the IFS model, an individual is viewed as containing multiple subpersonalities or parts that form an internal family. This internal family is organized in the same way as other human systems (e.g., a school or a corporation), functioning best when leadership is clearly designated, respected, fair, and capable. According to the IFS model, the natural internal leader is the Self. All people have at the core of their psyche, or seat of consciousness, a Self, defined as an active, compassionate inner leader containing the perspective, confidence, and vision necessary to lead an individual's internal and external lives harmoniously and sensitively (Schwartz, 1995). A brief description of the IFS model follows. For a more comprehensive review, see Schwartz (1995; 2001) and Goulding and Schwartz (1995).

THE INTERNAL FAMILY SYSTEMS MODEL

The IFS model combines the existing paradigms of multiplicity of the mind and systems theory into a model of the individual as a system (Schwartz, 1995, 2001). Most theorists (e.g., Freud, Winnicott, Kohut, Jung) who have described the intrapsychic process refer to the mind as having some degree of multiplicity. With respect to systems theory, the IFS model emphasizes the importance of viewing the individual as a system composed of various parts. One-or two-word descriptions are often used to describe parts such as the achiever, the caretaker, the critic, the clown, the rebel, the distracter, etc. These parts develop and relate to one another in a harmonious pattern when the Self is leading.

An important premise of the IFS model is that human systems are different from mechanical systems in that they can self-correct. Human beings are born with an innate drive toward and wisdom regarding their own well-being,

and strive toward creativity, intimacy, and growth. As individuals go through life they often encounter environmental constraints that come from a variety of sources including trauma (e.g., childhood sexual abuse), tangible burdens (e.g., poverty), developmental burdens (e.g., unexpected death), and legacy burdens (e.g., shame). Thus, the IFS model was originally developed as a psychotherapeutic approach to help individuals find and release the constraints that block access to their inner resources and wisdom. When individuals are Self-led, they enhance their internal environments, which ultimately results in more effective interactions with their external environments.

The Self

Self-leadership has been compared to the state of centeredness achieved during meditation or martial arts. Leading with the Self is similar to mindfulness (Kabat-Zinn, 1994, Surya Das, 1997, 2000), being in the flow (Csikszentmihalyi, 1990, 1993), following one's bliss (Campbell & Moyers, 1988), and having a secure sense of self (Stern, 1985). However, Self-leadership as described in the IFS model is distinguished from the above descriptions in that the Self is viewed as an active, compassionate leader rather than a nonassertive, nonjudgmental observer or witness. In leading, the Self attempts to hold diversity and unity in balance, to resolve conflicts without imposing synthesis or expelling parts, and to celebrate differences. The experience of Self-leadership can be understood using Beahrs' (1982) metaphor of a symphony or orchestra:

Like the overall Self, the orchestra is a complex whole with a personality of its own. Like any multicellular organism or social group, it is composed of many component parts or orchestra members, each with its own sense of identity and unique personality, but all of which function together in a coordinated cooperative endeavor to the advantage not only of the whole, but of all the parts. While the music is made entirely by the composite of parts, which transcends being a mere algebraic sum, it is held together and organized by the leadership of an executive, the conductor. Although he makes none of the actual music, the conductor is in charge - at one level a fundamental paradox, at another simple commonsense knowledge available to all of us (pp. 6-7).

It is this active leading by the Self that provides a safe and nurturing environment and enables the internal family system to maintain homeostasis and well-being, as well as transform stressful situations into opportunities for growth. Schwartz (2001) cautions, however, that very few people constantly and fully live in Self-leadership. Given the reality of daily living, all individuals have been, to varying degrees, rejected, shamed, humiliated, abandoned, and traumatized. The IFS model presents a path towards increased Self-leadership that is based upon twenty years of experience working with clients. Schwartz (2001) describes eight qualities that his clients exhibit as they increasingly embody more Self-energy in their daily lives. These characteristics of Self-leadership include: calm, clarity, curiosity, compassion, confidence, courage, creativity, and connectedness.

Calm. The experience of calmness is defined as a pervasive sense of psychological and physiological calm. Self-led individuals experience less activity in their mind and body and react to stressors in the environment in less extreme and automatic ways. Rather than being overwhelmed by the common stress response of fight, flight, or frozen impulses, Self-led individuals hold a calm, steady center. Although waves of painful and joyful feelings are experienced, this calm center remains undisturbed.

Clarity. Clarity is defined as the ability to perceive situations without distortions from extreme beliefs and emotions. The experience of clarity is void of preconception and projection, and reflects what the Buddhists call "beginner's mind", a view in which there are many possibilities. The absence of Self-leadership is characterized by limited perception and possibility as well as the experience of extreme beliefs and emotions. This position is called the "expert mind" and is based upon previous experiences and current desires. When individuals see through the eyes of the Self, they see with clarity.

Curiosity. Curiosity is defined as listening to another individual or to our own parts in a non-judgmental manner with the intention to understand. "Like the inquisitiveness of a child, we are full of innocent interest in people and their reactions" (Schwartz, 2001, p. 51). For example, Self-led individuals are curious about someone else's anger or their own anger. This kind of non-judgmental curiosity results in dialogues that are enlightening as well as growth producing. When people or parts sense no fear of judgment, just genuine interest and intent to understand, they become less defensive and are often happy to share their story with someone who is not judging them.

Compassion. The experience of compassion is defined as being open-heartedly present with other people, or one's parts, without feeling the urge to rescue them or to distance from them. This is possible, even when people are in pain, because the Self-led individual knows that other people also have a Self, which once released, can relieve and heal their pain. "If people relieve their own suffering, they learn to trust their own Self and they learn whatever lessons the suffering has to teach. Compassion, then, leads to doing whatever possible to foster the release of the other's Self

rather than becoming the other's healer" (Schwartz, 2001, p.54). Often, simply being in the presence of a Self-led individual with this kind of openhearted compassion will release the other person's Self.

Confidence. The experience of confidence refers to responding to present situations assured in the ability of the Self to handle the situation, protect parts as necessary, and comfort parts if they get hurt. Because Self-led individuals know they are loved, they emanate love, and live a life of authenticity, assured in their ability to function in the present moment rather than worrying about the future or ruminating over past hurts. If situations involve danger, Self-led individuals take steps to protect themselves without becoming defensive or overreacting, and if necessary, nurture any parts that were hurt. Over time, such interactions result in more and more confidence in the Self.

Courage. While Self-led individuals are compassionate, they also have the strength to be forceful and protective without judgment when necessary. Courage is defined as the experience of looking at present situations and then acting in an open- hearted manner congruent with the needs of the situation. Self-led individuals have the courage to move towards happiness and joy. They also have the strength to move towards difficult or painful experiences, such as witnessing an upsetting event of the past rather than trying to minimize its impact or forget about the event entirely. Particularly in these situations, it takes courage to look and then courage to act.

Creativity. Creativity is defined as the innate wisdom and truth that one experiences when the rational mind is quiet and the noise from inner critics is diminished. This quieting of the rational mind and of one's inner critics makes space for intuition and for creative expression to spontaneously emerge. Schwartz (2001) cautions, however, that the way to real creative self-expression is not to avoid or shut out such emotions as anger, grief, jealousy, or fear. Rather, it is the exploration of these feelings that enables individuals to speak their truth and experience creative self-expression.

Connectedness. The experience of connectedness is defined as increasingly embodying more Self-energy, as well as being in the presence of other individuals who also are Self-led. Relief is experienced because you are in the company of someone with whom there is no need to impress or to hide from because you won't be judged or controlled. In this extraordinary moment, each of you can be who you really are. As individuals become more and more Self-led, they feel a greater sense of connectedness and attraction to all the Selves around them.

The eight characteristics of Self-leadership described above are inter-related. An individual who has a calm center is able to perceive situations with greater clarity and less influence from extreme beliefs and emotions. This combined sense of calmness and clarity enables an individual to listen to others with non-judgmental curiosity. The sincere interest in and witnessing of another individual helps foster compassion and connectedness. Over time, these Self-led experiences result in individuals feeling more and more confident in their ability to effectively handle a variety of situations with courage. This courage enables one to move toward strong, emotional experiences thus providing the opportunity for creative self-expression.

Parts

Subpersonalities exist from birth in potential and emerge as distinct parts at significant points in an individual's life (Goulding & Schwartz, 1995). Each part has a unique view of the world, set of abilities and desires, style of expression, and range of emotion. The IFS model describes three major groups of parts common to all individuals. These include exiles, managers, and firefighters. The most sensitive members of the internal family are the exiles. The exiles are the parts that carry the emotions and memories from past experiences when a person was frightened, hurt, humiliated, or shamed. When an individual feels threatened, or fearful of a situation that might activate an exile's feelings or bring memories into consciousness, a manager part will emerge and attempt to maintain control over the internal and external environments. Manager parts are highly protective and strategic. They focus on helping individuals function on a daily basis and manage their lives, which often involves trying to block an exile's vulnerable feelings from consciousness. Managers live in fear of the escape of exiles and thus try to keep these vulnerable and needy parts locked up or exiled in inner closets; further, the managers try to avoid situations that might activate an exiles feelings or memories into consciousness.

The third group, the firefighters react powerfully and automatically whenever an exile is upset. Because an exile may overwhelm an individual with feelings or make an individual vulnerable to being hurt again in a similar way, firefighter parts tend to be highly impulsive and use stimulation (e.g., food, alcohol, drugs, work, sex) in an effort to stifle or put out the inner flames of feelings as quickly as possible (Schwartz, 1995). For example, if an individual has an interpersonal or group interaction that triggers exiled feelings of abandonment, a manager part may make a plan to avoid situations in which feelings of vulnerability and thus the potential for abandonment arise. If, however, this manager is unable to keep the feelings of abandonment under control and a subsequent interaction triggers intense

feelings of vulnerability, a firefighter part may take over and lead the person to binge eat or to consume alcohol in an effort to stifle these feelings.

LITERATURE ON THE IFS MODEL

There is a substantial literature base on the IFS model. The main focal points of this literature include overviews and in-depth discussions of the IFS model, its use in individual, couples, and family therapy, as well as its use in treating specific problems such as sexual abuse and bulimia (Goulding & Schwartz, 1995; Schwartz 1987; 1988; 1992; 1995; 2001). Within this literature base, the concept of Self-leadership is discussed at length, and characteristics of Self-led individuals are described. Therapists trained in the IFS model are able to make qualitative assessments of Self-leadership based on these characteristics. However, quantitative assessments of Self-leadership have not been made. Thus, although much has been written on the IFS model and Self-leadership, empirical research on this construct is lacking.

The only published empirical research conducted to date was a preliminary study by two authors of this paper (Dolbier, Soderstrom, & Steinhardt, 2001). In that study, we investigated the relationship of Self-leadership to a variety of psychological, health, and work measures in university students and corporate employees. We assessed Self-leadership using a measurement tool that is consistent with the IFS model and the construct of Self-leadership -- the Core Wellness Scale (CWS) (Bezner, Adams, & Steinhardt, 1997). The CWS was designed to measure an individual's perception of a secure sense of one's core Self, and is so named because the assured presence of this core Self is necessary to obtain optimal levels of wellness. Findings indicated that Self-leadership related to enhanced psychological functioning (e.g., greater optimism), enhanced health (e.g., fewer symptoms of illness), and measures of an enhanced work environment (e.g., greater perceptions of work satisfaction). Although these results were promising, the CWS was not derived theoretically based on the IFS model. Given that the concept of Self-leadership is elusive and thus difficult to assess, the authors feel strongly that a theoretically derived tool would better capture the essence of this construct.

With the exception of the results of the above-described study, little is known empirically about Self-leadership and its correlates. The IFS model enables speculation regarding what Self-leadership should be related to, but empirical research quantifying those relationships is sorely lacking. In order for research in this area to progress, a theoretically derived measurement tool must be developed that captures the degree to which certain inherent positive qualities of the Self are present and accessed. With such a measurement tool, empirical research on the construct of Self-leadership can begin.

Research and practice can and should inform one another. There has been an expressed need for bridging the gap between research and practice (Schwartz & Breunlin, 1983). A tool for assessing Self-Leadership would help to bridge that gap and would be useful for both researchers and practitioners. The more theoretically sound the tool, the more informed the research will be, and the more relevant the findings of that research will be to practitioners. A Self-leadership measurement tool would provide a way for practitioners and researchers to test and explore IFS as a treatment model. First, it could be used to evaluate the effectiveness of the IFS model as a therapeutic tool. Such outcomes research is an essential activity that has a large impact on practice by increasing its credibility. Second, a Self-leadership measurement tool would be helpful for process research, by administering it at various stages of therapy to explore the therapeutic process. Administering the tool at various stages is also a way for practitioners to assess client progress. Practitioners could aid in the research process by: a) using such a tool, as researchers often cannot be in the clinical setting; and b) informing the research by offering an important focus and perspective for future research.

Thus, the purpose of this study was to develop a theoretically sound measure of Self-leadership, and examine its internal consistency, test-retest reliability, and construct validity. A scale for assessing Self-leadership was developed based on the IFS model and the eight qualities that clients exhibit as they increasingly embody more Self-energy (Schwartz, 2001). A cross-sectional study was conducted to validate the measure and explore the relationship of Self-leadership to both internal and external aspects of an individual's environment. Using a sample of government employees, it was hypothesized that Self-leadership would be related to greater subjective well-being, indicative of one's internal environment, and enhanced work outcomes, reflective of one's external environment.

METHOD

Participants

Participants for this study were a convenience sample of employees (N=745) from the Texas Department of Human Services (DHS). The demographic information presented here is based on a smaller sample of 658 participants for whom demographic information was available. However, those participants whose demographic information was not available (N=87) are assumed to be similar to the larger

group. The sample was comprised of 26% males and 74% females with a mean age of 44.2 $\pm$ 9.4 years. The sample consisted of 63.5% White, 20.4% Hispanic, 13.8% African American, 2.1% Asian/Pacific Islander, and 0.2% American Indian. All participants were informed that their responses would have no bearing on their relationship to their employer or The University of Texas.

Procedures

This study employed a cross-sectional research design using survey data. Employees of DHS completed the survey in a quiet setting within their workplace. Eight weeks later, the Self Leadership Scale was administered again to 160 of the original sample of participants in either a small group setting or via mail. The small group setting was a convenience sample of 80 employees, and 80 employees were chosen at random from the remaining original participants to receive a second survey in the mail. 100 participants responded resulting in a response rate of 62.5%. The University of Texas at Austin Institutional Review Board approved the procedures for the study, and data were collected and recorded so as to ensure the confidentiality of the participants.

Instruments

The survey assessed the dispositions of Self-leadership, hardiness, optimism, pessimism, approach coping style, avoidance coping style, positive affectivity, and negative affectivity. Other variables assessed included measures of well-being (i.e., general health perceptions, life satisfaction, symptoms of illness, and perceived stress) and work outcome measures (i.e., supervisor support, coworker support, job satisfaction, and work stress).

Dispositional Measures

Self-Leadership. The concept of Self-leadership comes from the IFS model, which describes the individual as a complex system with multiple sub-personalities or parts. Self-leadership is defined as the extent to which this system is operated by a core-Self, an active, compassionate inner leader containing the perspective, confidence and vision necessary to lead an individual's internal and external life harmoniously and sensitively (Schwartz, 1995). Self-leadership was assessed using 53 items consistent with the IFS model. Several items from a scale developed by Lia O'Neil in collaboration with Richard Schwartz (the founder of the IFS model) for her Master's thesis (2002) were used as a conceptual starting point. These items were expanded upon to include a minimum of six items for each of the eight qualities that are believed to be present when leading with the Self: calm, clarity, curiosity, compassion, confidence, courage, creativity, and connectedness (Schwartz, 2001). During the development of the items, feedback from Richard Schwartz and IFS therapists was elicited as to the congruence of the items to the eight qualities of Self-leadership, as well as to the IFS model. This feedback was used to improve the content of the items, and thus the content validity of the measure**.**

The instructions for the Self-Leadership Scale read as follows: *Everyone has many different thoughts and feelings. Read the following statements carefully and circle the response that best describes how frequently you experience each statement.* Respondents were asked to indicate the frequency of experiencing each statement on a Likert scale with the following response options: *1 = never/almost never, 2 = rarely, 3 = sometimes, 4 = often,* and *5 = always/almost always.* Sample items representing each of the eight qualities include: *"I feel a sense of inner peace"* (calm), *"I can see things as they are"* (clarity), *"I am open to new ideas and ways of looking at things"* (curiosity), *"I treat myself with kindness"* (compassion), *"I can handle present situations"* (confidence), *"I embrace life's challenges"* (courage), *"I am full of new ideas"* (creativity), and *"I feel a close bond with at least one other person"* (connectedness).

Hardiness. Hardiness was defined as a personality characteristic describing an individual with three closely related tendencies: perceiving change as a challenge, commitment to the people and activities in which they are involved, and a sense of personal control in handling life events (Kobasa, 1979). The 30-item Dispositional Resilience Scale (DRS) was selected as a measure of hardiness because it assesses the presence of each of these tendencies (Bartone, Ursano, Wright, & Ingraham, 1989). Respondents were asked to reply using a Likert scale ranging from *0 = not true at all* to *3 = completely true* to items such as *"By working hard you can always achieve your goals"* and *"Changes in my routine are interesting to me"*. The internal consistency for the DRS in this sample was $\alpha = .75$.

Optimism and Pessimism. Dispositional optimism is defined as the tendency across time and context to have positive expectations. Conversely, dispositional pessimism reflects a relatively stable inclination to expect negative outcomes (Scheier & Carver, 1985). The dispositions of optimism and pessimism were measured using the revised Life Orientation Test (LOT-R; Scheier, Carver, & Bridges, 1994). The LOT-R possesses six items, plus four filler items. The four filler items designed to disguise the content of the scale were omitted due to space limitations. This may have inflated internal consistency values, although such inflation is unlikely because the six items were integrated with other psychological scales that would have had a similar masking

effect. All six items can be used to measure optimism when three of them are reversed scored. However, for this study measures of both dispositional optimism and dispositional pessimism were considered more favorable in order to test both the convergent and divergent validity of the Self-Leadership Scale. The three items that did not need to be recoded combined for a measure of dispositional optimism. Respondents indicated on a Likert scale ranging from *0 = strongly disagree* to *4 = strongly agree* the extent to which they agreed with items such as *"In uncertain times, I usually expect the best"*. The three remaining items measured dispositional pessimism. On the same Likert scale, respondents indicated the degree to which they agreed with items such as *"If something can go wrong for me, it will."* The internal consistency for dispositional optimism in the current study was α = .69, for dispositional pessimism α = .79.

Approach and Avoidance Coping Style. Dispositional coping style refers to an individual's preferred behavioral and cognitive responses to stressful situations that remain stable across time and circumstances (Carver, Scheier, & Weintraub, 1989). Researchers make a common conceptual distinction in the *focus* of coping responses or strategies. An individual with an approach coping style prefers strategies that are aimed at problem solving or active attempts to resolve the stressor. An individual with an avoidance coping style prefers strategies that are aimed at avoiding active confrontation of the stressor or reducing emotional tension associated with the stressor. These two general coping styles were assessed using seven two-item subscales of the dispositional version of the Brief Coping Orientations to Problems Experienced (Brief COPE) scale (Carver, 1997) along with one two-item subscale from the extended version, the Coping Orientations to Problems Experienced scale (COPE; Carver et al., 1989). Together, these eight subscales measure a broad range of cognitive and behavioral coping strategies that individuals typically use in stressful life situations. Four subscales were combined to assess an approach coping style: active coping, planning, suppression of competing activities and positive reframing. An item from the suppression of competing activities subscale that represents an approach coping strategy is *"I focus on dealing with the problem, and if necessary let other things slide a little"*. Four subscales were also combined to assess an avoidance coping style: denial, behavioral disengagement, mental distraction, and venting. *"I refuse to believe that it has happened"* is an item from the denial subscale that represents an avoidance coping strategy. For each of the 16 coping items, respondents were asked to indicate the extent to which they used the strategies on a Likert scale ranging from *0 = not at all* to *3 = a lot*. The internal consistency for approach coping was α = .75 and for avoidance coping α = .70.

Positive and Negative Affectivity. Trait positive affectivity is defined as the predisposition to experience positive feelings and emotions that reflect general levels of energy and enthusiasm, and has been closely associated with the disposition of extraversion (Watson & Pennebaker, 1989). Trait negative affectivity refers to the tendency to experience a broad range of aversive feelings and emotions, and has been likened to the disposition of neuroticism (Watson & Pennebaker, 1989). Trait positive and negative affectivity were measured using the 20-item Positive and Negative Affect Schedule (PANAS) developed by Watson, Clark, and Tellegen (1988). On a Likert scale ranging from *1 = not at all to 5 = very much so*, respondents indicated to what extent they generally felt various positive and negative feelings and emotions. Sample items for positive affectivity included *"enthusiastic," "alert," and "active," while "upset," "ashamed,"* and *"hostile"* are examples of negative affectivity items. The internal consistency for each of the scales was adequate, with α = .91 for positive affectivity, and α = .91 for negative affectivity.

Measures of Well-Being

General Health Perceptions. General health perceptions are defined as an individual's comprehensive view of how good his/her personal health is at the time, as well as how good he/she expects it to be in the future (Ware & Sherbourne, 1992). In order to ascertain the perceived general health of the participants, five items from the MOS 36-item Short Form Health Survey (Ware & Sherbourne, 1992) were used. For four of these items, respondents were asked to indicate how true or false statements such as *"I am as healthy as anybody I know,"* and *"My health is excellent"* were using a Likert scale ranging from *1 = definitely false* to *5 = definitely true*. For the fifth item, respondents were asked to answer the question, "In general, would you say your health is:" using a Likert scale ranging from *1 = poor* to *5 = excellent.* An α of .81 was computed for the internal consistency of general health perceptions for this study.

Life Satisfaction. Life satisfaction is a global assessment of one's quality of life based upon an internally set standard (Diener, Emmons, Larson, & Griffin, 1985). Life satisfaction was assessed using the five-item Satisfaction With Life Scale (SWLS) developed by Diener and colleagues (1985). Respondents recorded how much they agreed with items such as *"In most ways my life is close to ideal"* and *"The conditions of my life are excellent"* on a Likert scale ranging from *1 = strongly disagree* to *7 = strongly agree.* The internal consistency for the SWLS was α = .91.

Symptoms of Illness. Psychosomatic symptoms of illness were gauged by the Symptoms Checklist (Bartone et al., 1989), which includes 20 items measuring the extent to which participants experienced various physical and psychological symptoms over the past few weeks. On a Likert scale ranging from *0 = none* to *3 = very often*, respondents rated how often they experienced symptoms such as *"headaches," "upset stomach,"* and *"difficulty concentrating."* In the current study the internal consistency for the Symptoms Checklist was $\alpha = .88$.

Perceived Stress. Perceived stress refers to the degree to which situations in one's life during the past month were perceived as stressful, as measured by the four-item version of the Perceived Stress Scale (PSS; Cohen, Kamarck, & Mermelstein, 1983). This shortened version of the PSS has been shown to have adequate reliability, and to be a good predictor of stress in that it highly correlates with symptomatological measures and life event scores (Cohen et al., 1983). On a Likert scale ranging from *0 = never* to *4 = very often*, respondents answered questions about how frequently they felt a certain way in the past month. Examples of the items include *"How often have you felt that you were unable to control the important things in your life?"* and *"How often have you felt difficulties were piling up so high that you could not overcome them?"* The internal consistency of the PSS in the current study was $\alpha = .81$.

Work Measures

Supervisor Support. Supervisor support is defined as the amount of instrumental and emotional support provided by one's supervisor (Karasek & Theorell, 1990). Supervisor support was assessed using the four-item Supervisor Support Scale developed by Karasek and Theorell (1990). Respondents were asked to indicate the extent to which they agreed with items such as "*My supervisor pays attention to what I am saying," and "My supervisor is helpful in getting the job done*" using a Likert scale ranging from *1 = strongly disagree to 4 = strongly agree.* The internal consistency of the Supervisor Support Scale was found to be $\alpha = .89$.

Coworker Support. The five-item Coworker Support Scale (Karasek and Theorell, 1990) was used to identify the amount of instrumental and emotional support provided by coworkers at work. Respondents were asked to indicate how much they agreed with statements such as *"People I work with take a personal interest in me,"* and *"People I work with are helpful in getting the job done,"* using a Likert scale ranging from *1 = strongly disagree* to *4 = strongly agree.* The internal consistency for the Coworker Support Scale in this study was $\alpha = .86$.

Job Satisfaction. Job satisfaction is defined as a pleasurable or positive emotional state resulting from the appraisal of one's job experiences as fulfilling important job values (Henne & Locke, 1985). This construct was measured using 15 items from the Job Satisfaction Scale (JSS; Warr, Cook, & Wall, 1979) of the Perceived Intrinsic Job Characteristics Scale. These 15 items asked respondents to indicate how satisfied they were with certain aspects of their present job, such as *"The physical work conditions,"* and *"The amount of variety in their job," using a Likert scale ranging from 1 = extremely dissatisfied to 7 = extremely satisfied.* An internal consistency of $\alpha = .92$ was observed for job satisfaction in this study.

Work Stress. Work stress is defined as employees' overall perceptions of stress at work during the previous month with respect to irritating hassles, stressful events, and ongoing problems. Work stress was measured using the seven-item Perceived Work Stress Scale (PWSS; Mackie, Holahan, & Gottlieb, 2001), which adapted items from the aforementioned PSS to apply to the work setting. Respondents were asked to indicate the extent to which they *"Had to deal with stressful events at work,"* and *"Felt nervous or 'stressed out' at work"* over the past month using a Likert scale ranging from *1 = never* to *5 = very often*. The internal consistency for the PWSS in the current study was $\alpha = .89$.

Data Analysis

For the final Self-Leadership Scale, items with corrected item-to-total correlations of less than .30 were deleted. For the brief version of the Self-Leadership Scale, the 20 items with the highest item-to-total correlations were selected. The internal consistencies of the final SLS and brief SLS were then examined. Means and standard deviations for each of the variables were calculated. Pearson product moment correlations were calculated to examine the relationship between: 1) both SLS scales (final and brief) at time one with both SLS scales at time two to determine the test-retest reliability of the two scales; 2) both SLS scales with hardiness, dispositional optimism, approach coping style, and trait positive affectivity to determine the convergent construct validity of the scales; 3) both SLS scales with dispositional pessimism, avoidance coping style, and trait negative affectivity to determine the divergent construct validity of the scales; and 4) both SLS scales with measures of well-being (i.e., general health perceptions, life satisfaction, symptoms of illness, perceived stress) and work measures (supervisor and coworker support, job satisfaction, work stress) to explore other variables to which Self-leadership may be related.

The rationale for using dispositional measures to establish the construct validity of the Self-Leadership Scale is based on the premise that Self-leadership is a disposition. Self-leadership is a way of being that is relatively stable across time and situations and can be used to characterize differences in individuals. These individual differences are based on the degree of constraint and/or nurturance in the environment in which the internal family system develops.

RESULTS

The means, standard deviations, and range of possible scores for all variables are reported in Table 1. The final and brief SLS were shown to possess adequate internal consistency, test-retest reliability, and construct validity.

TABLE 1. Range of possible scores, means, and standard deviations for all variables.

	Possible Range	Mean	SD
Self-Leadership	50-250	187.3	23.5
Brief Self-Leadership	20-100	77.5	11.6
Hardiness	0-90	61.3	7.4
Dispositional Optimism	0-12	8.7	2.0
Dispositional Pessimism	0-12	3.5	2.5
Approach Coping Style	8-32	25.2	3.5
Avoidance Coping Style	8-32	15.2	3.4
Trait Positive Affectivity	10-50	36.1	7.1
Trait Negative Affectivity	10-50	17.7	6.4
General Health Perceptions	5-25	18.8	4.0
Life Satisfaction	5-35	23.7	7.0
Symptoms of Illness	0-60	10.8	8.1
Perceived Stress	0-16	5.2	3.0
Supervisor Support	4-16	12.5	2.7
Coworker Support	5-20	15.6	2.7
Job Satisfaction	15-105	74.9	15.0
Work Stress	7-35	20.4	5.7

Reliability

For the determination of the final SLS, three items out of the 53 items that were originally generated had corrected item-to-total correlations below .30 and were deleted. These included: *"I have a sense for when things aren't right," "I can see the pain behind someone's anger,"* and *"I'm curious about why people do what they do."* This reduced the number of items in the final SLS to 50. For the brief SLS, the 20 items with the highest item-to-total correlations out of the 53 items that were originally generated were selected. The range of item-to-total correlations for these top 20 items was .54 to .70. The internal consistency (Cronbach's alpha) was α = .95 for the final 50-item SLS and α = .93 for the 20-item brief SLS. Table 2 shows the 50 items that comprised the final version of the SLS, and also indicates the 20 items that comprised the brief version of the SLS. The test-retest reliability was r = .66, p< .001 for the 50-item SLS and r = .65, p< .001 for the brief SLS.

TABLE 2. Final and brief Self-Leadership Scale items

1. I feel a sense of inner peace.*
2. I am clear about what I want from life.*
3. I have a hard time accepting all aspects of myself.(R)
4. I tend to be judgmental.(R)
5. I feel an inner sense of confidence.*
6. I embrace life's challenges.*
7. It's difficult for me to come up with solutions to problems.(R)
8. I feel disconnected from myself.* (R)
9. I experience feeling calm in my body.*
10. I am defensive regarding my point of view.(R)
11. I treat myself with kindness.*
12. I am open to new ideas and ways of looking at things.
13. I have a hard time trusting my own instincts.* (R)
14. I move forward in spite of my fear.
15. I view myself as creative.
16. I feel alone in the world.* (R)
17. I can maintain an inner steadiness even under pressure.*
18. I am able to identify conflicts within me.
19. I feel compassion for myself.
20. I delight in exploring and discovering new things.*
21. I worry a lot.(R)
22. I fail to take action on my own behalf.(R)
23. I have playtime in my life.
24. I feel a close bond with at least one other person.
25. I feel agitated.* (R)
26. I am able to distinguish between different points of view.
27. I don't like my anger, sadness, fears, etc.(R)
28. I like to explore my inner world.
29. I trust that things will work out.
30. I assert myself.
31. I am full of new ideas.
32. I feel there is a real purpose for my life.*
33. I often find I hold my breath.(R)
34. I feel compassion for others.
35. I'm interested in why people are the way they are.
36. I can handle present situations.*
37. I take action to challenge injustice.
38. I can think creatively about my problems.*
39. I feel loved.*
40. I feel at ease.*
41. I distort what people say or do.(R)
42. I am open-minded.
43. I have faith in myself.*
44. I can apologize when I've hurt someone.
45. I get stuck in the same problems over and over.(R)
46. I feel I belong in this world.*
47. I can see things as they are.
48. I worry about past events or upcoming events.(R)
49. I meet life's challenges with courage.*
50. I have trouble seeing when I'm being exploited.(R)

* Indicates items that are part of the brief SLS.
(R) Indicates items that are reversed scored.

Validity

The construct validity of the SLS and brief SLS were supported (see Table 3). Specifically, the convergent construct validity of the SLS and brief SLS were supported by the significant positive relationships to hardiness, dispositional optimism, approach coping style, and trait positive affectivity. The divergent construct validity of the scales was supported by the significant inverse relationships to dispositional pessimism, avoidance coping style, and trait negative affectivity.

TABLE 3. Convergent and divergent validity of the SLS and brief SLS (correlations with dispositional measures).

	Self-Leadership Scale	Brief Self-Leadership Scale
Convergent validity		
Hardiness.	68*	.65*
Dispositional Optimism	.56*	.59*
Approach Coping Style	.48*	.46*
Trait Positive Affectivity	.75*	.77*
Divergent validity		
Dispositional Pessimism	-.54*	-.54*
Avoidance Coping Style	-.26*	-.24*
Trait Negative Affectivity	-.60*	-.61*

* $p<.01$, two-tailed

Correlates of Self-Leadership

The hypothesized relationships of the SLS and brief SLS with measures of well-being and work were supported (see Table 4). The SLS and brief SLS were found to have significant positive relationships with general health perceptions, life satisfaction, supervisor support, coworker support, and job satisfaction. Significant negative relationships were found between the SLS and brief SLS and symptoms of illness, perceived stress, and work stress.

TABLE 4. Correlations between the SLS and brief SLS and well-being and work measures.

	Self-Leadership Scale	Brief Self-Leadership Scale
Well-Being Measures		
General Health Perceptions	.39*	.40*
Life Satisfaction	.59*	.64*
Symptoms of Illness	-.53*	-.54*
Perceived Stress	-.67*	-.68*
Work Measures		
Supervisor Support	.18*	.18*
Coworker Support	.17*	.17*
Job Satisfaction	.28*	.30*
Work Stress	-.30*	-.30*

* $p<.01$, two-tailed

DISCUSSION

The purpose of this research was to develop a psychometrically sound and theoretically based tool to be used in clinical practice and research. A 50-item measure of Self-leadership was developed within the framework of the IFS model (Goulding & Schwartz, 1995; Schwartz, 1995, 2001). In addition, a brief 20-item version of this measure was derived for ease of administration in clinical practice. Both the 50-item and brief 20-item scales were found to have adequate internal consistency and construct validity, and marginal test-retest reliability. Both scales were related to measures of well-being representative of one's internal environment and measures of work indicative of one's external environment.

The Self-Leadership Scale (SLS) contains 50 items with item-to-total correlations above .30. The brief SLS is comprised of the 20 items with the highest item-to-total correlations. Results revealed the SLS (α=.95) and brief SLS (α=.93) to be internally consistent. Test-retest reliability for the SLS (r=.66) and brief SLS (r=.65) was marginal. The standard for adequate test-retest reliability varies, but many agree a level of .80 is most desirable (Patten, 2002). The marginal test-retest reliability of the two scales indicates that those who took the survey both times responded to some of the same items differently. Some subjects did not vary at all in their scores (possible range 50 to 250) from one administration to the next (i.e., a minimum difference in the two scores of 0), while others varied a great deal (i.e., a maximum difference in the two scores of 56). The average difference in scores was 13.9, with 25% of those having a difference of 4 or less, 50% having a difference of 10.5 or less, 75% having a difference in scores of 19.8 or less, and 100% having a difference of 56 or less.

Test-retest reliability is appropriate for measures that are expected to remain relatively stable over time. One explanation for the marginal test-retest reliability is that the construct of Self-leadership may be experienced more as a state that varies over time and situations rather than a trait that remains relatively stable across time and situations. Earlier we proposed that Self-leadership is a trait or disposition that can be used to characterize differences in individuals. However, it may be that Self-leadership is a trait for individuals who make a daily conscious effort to lead with the Self, and more of a state for individuals who do not have much Self-awareness and experience only momentary states of calmness, compassion, curiosity, etc. Therefore, it might be helpful to view all the possible scores on the SLS as representing a continuum with the strong and stable presence of the Self at one end, and a weak and possibly more variable presence of the Self at the other end. From this perspective, an increase in scores on the SLS corresponds to more embodiment of the qualities of Self-leadership as well as a more stable Self. According to Schwartz (personal communication, September 19, 2002),

Self-leadership is a *trait* in the sense that it is ever-present in us, yet also a *state* in that we often don't have access to the Self because parts obscure it. Thus, we would not necessarily expect high test-retest reliability because people are more or less triggered at different times. Thus, less reliance should be placed on the outcome of test-retest reliability in favor of the internal consistency measure of reliability in instances such as this where a measure appears to reflect a variable state to some degree.

The SLS and brief SLS were found to have both convergent and divergent construct validity. In support of convergent construct validity, the two scales were shown to have significant positive relationships to the disposition of hardiness, optimism, approach coping style, and positive affectivity. These correlations replicate and extend the findings of Dolbier et al. (2001) who found Self-leadership to be positively related to the dispositions of hardiness, optimism, and approach coping style. The divergent construct validity of the two Self-leadership scales was established by the significant inverse relationships found with the dispositions of pessimism, avoidance coping style, and negative affectivity. These correlations also replicate and extend our prior research that found Self-leadership to be negatively related to avoidance coping style (Dolbier et al., 2001). The relatively high and strongly significant correlations of the Self-leadership scales with this variety of dispositions provide further support for our initial assumption that the concept of Self-leadership is also a disposition.

One type of validity that was not possible to establish with the SLS was factorial validity. Items for the SLS were generated based on the eight qualities of Self-leadership, and at least six items for each quality were created. The SLS was developed with the intention of factoring it into the eight characteristics of Self-leadership, which could potentially result in a subscale representing each of the characteristics. However, due to high intercorrelations between and conceptual overlap among the items, an interpretable and clear factor analysis did not result. Items representing the quality of "calmness" appeared to be pervasive throughout the factor analysis. This finding, although initially discouraging, provides evidence for the strong interrelatedness of the eight qualities.

Given the lack of empirical research on the concept of Self-leadership, one of the objectives of this research was to explore some of its potential correlates. One of the basic premises of the IFS model is that as individuals lead with the Self, their internal environments are enhanced. Therefore, we tested whether Self-leadership was related to measures of well-being that are indicative of one's internal environment. This IFS premise was supported in that both Self-leadership scales were significantly related to better perceptions of health, greater life satisfaction, fewer symptoms of illness, and less perceived stress. These results are consistent with and extend prior findings showing Self-leadership to be related to greater perceived wellness, fewer symptoms of illness, and less perceived stress (Dolbier et al., 2001). Leading with the Self enables the internal family system to maintain harmony and homeostasis and innately strive toward well-being. Also, Self-leadership may serve as a protective resource in stressful situations. These functions of the Self are potential explanations for the relationship of Self-leadership to these measures of well-being.

Aiding further in our exploratory analyses of the IFS model is the basic premise that the enhanced internal environments of Self-led individuals result in more effective interactions with their external environments. We examined whether Self-leadership was related to work measures indicative of one's external environment. Support for this IFS premise was demonstrated by both Self-leadership scales being significantly related to greater supervisor and coworker support, less work stress, and greater job satisfaction. These correlations are consistent with and extend our prior work in which we found Self-leadership to be related to greater work satisfaction, more effective work relationships, and less work stress (Dolbier et al., 2001). Similar to this prior research is the observation in the current research that the correlations for measures of work representing one's external environment, while significant, were not as strong as those relating Self-leadership to measures of well-being indicative of one's internal environment.

The results of this research should be considered in light of several methodological limitations. First, as with all survey data, self-report has inherent limitations. Psychological surveys measure a representation of reality that is a function of the respondent's point of reference as well as the extent to which the act of measuring influences the construct being measured. This raises several important issues in the context of Self-leadership. First is the subjectivity involved in individuals self-reporting on their own Self-leadership. It is each individual's perceptions of the presence of the qualities of Self-leadership that are assessed, not an objective measure indicative of some absolute truth. It can be argued that it is what the individual perceives to be his/her reality, rather than what a researcher tries to objectively measure as his/her reality that is important. However, the SLS does have some elements of objectivity in that the abstract construct of Self-leadership is made measurable via the responses to scale items, and assessed systematically and consistently across individuals and situations. Self-report is thus perhaps the most appropriate way to assess the construct of Self-leadership – by combining and balancing subjectivity and objectivity.

A second issue raised by the use of self-report is whether people are able to report when they are leading with the Self. An individual's ability to recognize and report when he/she is leading with the Self increases with awareness and practice. People who are not aware of the concept of the Self and who are not aware of the presence of their own Selves within them will likely be unable to recognize and report on Self-leadership. For example, if individuals have a manager part in the lead they are likely to respond to the SLS items the way they think they "should" or are "supposed to" respond. Therefore, the extent to which people are aware of and practice Self-leadership influences their responses to the SLS.

A third issue in subjective reporting is whether the act of measuring Self-leadership and bringing it into awareness somehow influences the experience of Self-leadership. Some people may experience a response to answering the scale items that changes the experience of leading with the Self. For example, bringing the qualities of Self-leadership into awareness might increase the presence of the Self, or a particular item may trigger a part to respond and take the lead, thus obscuring Self-leadership.

Another methodological limitation of this research is the use of a convenient sample. The convenient sample of government employees limits the generalizability of the findings to other populations. Further research is necessary using diverse populations to strengthen the external validity of the study findings. For example, use with clinical populations that are often targets of IFS therapy would further validate the use of the SLS in these populations.

Finally, the design of the study is cross-sectional, therefore causation cannot be determined and the possibility that some third variable may be accounting for some of the relationships found in this study cannot be dismissed. It is important to emphasize that Self-leadership is correlated or systematically and linearly related to the dispositional, well-being, and work variables, but that it is not a cause of those variables. The use of a longitudinal design in future research would enable examination of the cause-effect relationship between Self-leadership and variables of interest.

The theoretically based and psychometrically sound SLS can be used to bridge the researcher-practitioner gap and advance our understanding of the IFS model through future research in a number of ways. For example, the SLS can be used to measure the effectiveness of IFS therapy in clinical practice to bolster its visibility and credibility. We may gain a deeper understanding of the process of IFS therapy by administering the SLS at various points throughout therapy. The SLS also can be used by practitioners to monitor client progress in therapy, or by clients to monitor themselves after therapy.

For therapists who are interested in assessing Self-leadership as a momentary state in the therapeutic process, or for researchers who are interested in observing the effects of manipulating a state of Self-leadership, we suggest altering the instructions and Likert scale responses to make such assessments possible. In these instances, the following instructions should be substituted: *Everyone has many different thoughts and feelings. Read the following statements carefully and circle the response that best describes the extent to which you are experiencing each statement right now.* The Likert scale response options should also be changed in the following way to reflect state assessment: *1 = not at all, 2 = a little, 3 = a moderate amount, 4 = very much so,* and *5 = extremely.*

As stated earlier, there is a need for an enhanced relationship between research and practice. Because of its theoretical base, psychometric soundness, and practical applicability, the SLS provides a vehicle for bridging the gap between these two sometimes-disparate areas. The SLS provides a tool that clinicians and practitioners can use in their practice to assess the effectiveness of IFS therapy, as well as the process of IFS therapy. The role of the practitioner in moving research forward is crucial, as feedback from individuals who use the tool in practice will inform modifications to the tool that enhance its relevance and applicability. The role of the researcher in moving practice forward is also essential. For instance, the SLS can be helpful to process researchers in gaining a deeper understanding of the IFS therapeutic process, as well as to outcome researchers in testing the effectiveness of IFS therapy. It also provides a first step to researchers interested in exploring such questions as what predicts Self-leadership, what causes increased Self-leadership, and what are the positive and negative consequences of Self-leadership. Having such a tool that quantifies the topic of study also can help in the grant awarding process as the emphasis is almost always given to methodologies that contain quantification and tests.

One specific and necessary area of future research is to develop a theoretically based and psychometrically sound tool to assess the various parts or subpersonalities of the internal family system. While the current research provides a measurement tool for assessing Self-leadership, a large part of the IFS model is still missing from the assessment arena – the parts within the internal family system. We cannot get a sense of the system and its inner workings by only measuring one aspect of it – the Self - even though it is a leading component. We may never be able to get a complete, synergistic picture by reducing the system down

to its components, but this is one available method for advancing our understanding of psychological phenomena. Using measures of the Self and the parts in research and practice will enable us to obtain further knowledge that contributes to our understanding of the intrapsychic processes portrayed by the IFS model.

ACKNOWLEDGEMENTS

We are grateful to the Department of Human Services (DHS) for allowing us to collect data at their Austin, Texas site. Specific appreciation goes to Olin Clemens, Director of Retention at DHS. We would also like to thank Richard Schwartz, PhD and the IFS therapists who took time to provide feedback during the development of the Self-Leadership Scale. Finally, we are grateful to Lia O'Neil for sharing her Masters thesis work.

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Maintaining Self-leadership With "Borderline" Clients

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Abstract

Therapists often have aversive, non-therapeutic responses to difficult clients, such responses threatening a positive clinical outcome for therapist and client. This article utilizes the Internal Family Systems (IFS) model as a tool for navigating work with individuals labeled with a Borderline Personality Disorder (BPD) diagnosis. Numerous citations are provided characterizing the more traditional view of work with BPD clients. Results of a factor analysis (D. M. Norman, 1999) naming specific BPD responses triggering therapists' reactive and self-protective behaviors are provided. The IFS non-pathologizing perspective on the BPD diagnosis, client behaviors, and therapists' responses are explored providing the reader, and ultimately the client, a method for understanding their many responses to the therapeutic task.

MAINTAINING SELF-LEADERSHIP WITH "BORDERLINE" CLIENTS

People whose behavior fits the diagnostic label of Borderline Personality Disorder (BPD) often engender fear and loathing in therapists. Like the notorious gunslinger that strolls into town, therapist hide whenever "a borderline" calls to work with them, and panic if they begin to suspect a client is one. Therapists who work with "borderlines" complain often and loudly. They feel resentful, angry, afraid, and trapped.

To verify the above, one need only eavesdrop on the discussion in any mental health clinic in the U.S.; but there have been studies. For example, a Menninger Foundation survey of difficult patient groups placed BPD in a category with paranoid, narcissistic, and antisocial personalities (Wong, 1983). Psychiatrists surveyed picked BPD four times more frequently as the most difficult client type (Bongar, Markey, & Peterson, 1991). McIntyre and Schwartz (1998) recently explored therapist counter-transference reactions toward BPD clients. They found that therapists had a more aversive response to BPD clients than to depressed clients. The first author, Norman, (1999) utilizing the Counselor Attitude Survey, explored therapists' responses to BPD and V-Code client statements. Findings supported an aversive response to the BPD client (Norman & Cooker, 2001). In addition to these studies, many other authors have described therapists' aversive reactions to BPD clients (Chessick, 1987; Groves, 1978; Linehan, 1993a; Searight, 1992; Yalom, 1989). They cite the stress from working with clients who: often want to, and sometimes do, inflict harm on the therapist; are extremely challenging of and then dependent on the therapist; seem intractable; and in general, are just plain difficult.

In this paper we suggest that the Internal Family Systems (IFS) model can make the treatment of these clients less aversive and more rewarding. IFS helps therapists work with such delicate clients in several ways. First, it provides an alternative understanding of BPD that avoids the typical power struggles and vicious circles that consume therapists' energies and emotions. Second, therapists are provided a way to work with the parts of themselves that are triggered by their BPD clients so that their own parts do not trigger or escalate vicious circles and they can remain Self-led in the face of their client's extreme parts. Third, therapists are encouraged to release and work through the client's Self rather than being constantly bombarded by the clients' extreme parts.

THE TRADITIONAL VIEW OF BPD

The traditional view of people labeled BPD is that they walk the line between neurosis and psychosis, not quite in one or the other. They are terrified of abandonment yet seem equally afraid of attachment and, consequently, often have highly chaotic relationships. They seem socially capable yet are unable to maintain closeness with others with any measure of success and are often impulsive and emotionally labile. They bring fear and dread to caregivers via the lethality of their risky, impulsive antics. Therapists often feel manipulated by what feels like BPD clients strategic use of suicide threats. Thought processes that appear sound can quickly shift, taking on a paranoid,

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schizophrenic, or all together irrational quality. Or they may suddenly regress or seem deluded. An almost murderous rage can be triggered by the slightest of provocations. They alternately idealize and devalue therapists with an unpredictability that shakes the steadiest clinician. Therapists find their boundaries constantly stretched and challenged by BPD clients' demands for special treatment or violations of privacy. Progress in therapy is often followed by some kind of self-sabotage that can make treatment seem like a Sysiphusian nightmare. Therapists wind up feeling impotent and like failures themselves (Chessick, 1983; Chessick, 1993b; Druck, 1989; Groves, 1978; Gunderson & Kolb, 1978; Gunderson, Kolb, & Austin, 1981; Gunderson & Singer, 1975; Kernberg, 1993; Kroll, 1988; Linehan, 1993a; Masterson, 1976; Perry & Klerman, 1980; Searight, 1992; Yeomans, 1993; Zetzel, 1971).

The literature is replete with references to therapists' aversive responses to the BPD client. Chessick (1983) wrote that such individuals had the reputation with family and others as difficult people, that physicians often referred to them as "a crock or a bad patient" and that they "stimulate many unconscious and not so unconscious maneuvers by both family and physicians to get rid of them" (pp. 20-21). According to Yeomans (1993) such clients engender in caregivers murderous fantasies. Kernberg (1965) characterized BPD clients as people who always seemed "to have to bite the hand that feeds them" (p. 49).

How do therapists typically respond? The first author randomly sampled members of the American Counseling Association. Results suggested four themes contribute to aversive therapist responses to BPD clients: Self-Insufficiency, Odd/Extreme Behavior, Threatening Gestures, and Instability/Unpredictability (Norman, 1998; Norman, 1999; Norman & Cooker, 2001). How therapists respond is an important question and the answer can and will impact treatment (Woollcott, 1985). Epstein (1999) suggested practitioners should maintain what he termed, "a beginner's mind" in relation to clinical work. Such a metaperspective is characterized by an awareness of how the self of the practitioner interacts or resonates with the self of the client.

"Mindful practitioners have an ability to observe the observed while observing the observer in the consulting room" (p. 835).

Self-Insufficiency. When clients act like they can't cope, they stimulate over-functioning parts in therapists. The therapist can feel overwhelmed and wonder if he or she is professionally and personally hardy enough for such difficult work. Client statements such as "I am full of nothing", or "You look at me with such judgment in your eyes" can bring forth therapist parts that rush in to warn the therapist, "you are too tired to carry your own weight, much less that of some overly needy client who is projecting their despondency and unworthiness in your direction". Weary therapists are particularly sensitive to any extra burden, especially when their therapeutic approach has morphed into an expectation that they must "fix" others. You can almost see the therapist battle with parts that say "ought" and "should" in stereo surround sound. Such internalized expectations increase therapist fatigue as they flee from their own insufficiency. Then there are parts that get angry and say, "Why the hell should I be working so hard?" Managing work with a needy client who projects their unworthiness onto others, can simply be too much to handle: "I like her but after having her constantly insist that I don't like her, I am beginning to agree."

Odd/Extreme Behavior. When clients say things like: "you are going to think this is sick, but sometimes I feel so much better when I cut my wrist with a razor blade or draw blood from my veins," they can make the therapist afraid for the life of the client, heighten therapist's sense of inadequacy, and induce fear that some sort of contagion will infiltrate the therapist's defenses. Many BPD client's behaviors are strange to the therapist who can respond with a xenophobic rejection to this alien, borderland culture (Knight, 1953). Invectives such as, "those sick bastards" and the secondary response of "I shouldn't have to go through this," can signal the beginning of a downward spiral where the therapist becomes more focused on his or her response to the client than on effective, therapeutic care.

Threatening Gestures. Explosions of rage imbue the therapy with concerns over the client's anger, both at self and others, and the potential for that anger to have a destructive end. "If this client kills herself or someone else, I'll get sued!" "This client by their behavior is threatening my career and my family." And then there is the ubiquitous question, "Have I covered my bases ethically and professionally?" Therapists' parts, particularly those that feel responsible to change and control a clients' behavior, can feel particularly vulnerable. Once again, the therapeutic focus is lost as the clinician sees him or herself in a sinking ship and begins to think, "if I can't save the client, at least let me save myself."

Instability/Unpredictability. The lability of clients can serve notice to the therapist that what seems the settling into a satisfying routine can turn sour. In response to the client's uncertainty, therapists' managers strive for control over what happens in and out of sessions (Wheelis & Gunderson, 1998). Clients then sense the therapist's anxiety, and react severely to the increased coerciveness.

A process gets activated in which both therapist and client feels they must hold more securely to their positions.

Reports abound that in response to devaluing, manipulative behavior; projection of a horrible monster identity onto the therapist; the intractable, defeating nature of treatment; ubiquitous verbal assaults; and scary regressions, therapists feel despair, cynicism, fatigue, apathy, anger and reduced empathy (Chessick, 1993b; Gunderson & Singer, 1975; Houck, 1972; Kernberg, 1965; Nadelson, 1977; Reiser & Levenson, 1984). Chessick (1983) observed that some therapists simply terminated with such clients rather than deal with the difficult nature of therapy. Linehan (1993) observed that when BPD clients don't fulfill therapists' expectations of a good therapeutic outcome, "the therapist's patience or willingness to tolerate the pain they themselves are experiencing runs out, and they then appease, punish, or terminate therapy with these patients" (p. 63).

It seems that BPD clients have become many therapists' worst nightmare. Because they are often initially quite functional and personable they can fly under therapists' radar, making therapists live in fear of being stuck with one unwittingly. Often there is no way to screen them out of one's caseload. The upshot of all this is that, for many therapists, as soon as they sniff out the possibility that they may have a BPD client on their hands, their parts panic and become protective. That reaction may create a self-fulfilling prophecy. Parts of the client will sense this shift and become more protective in turn, resulting in a therapeutic escalation that produces or exacerbates many of the symptoms described above. Our contention is that in many cases, the BPD client's difficulties are as much a product of the therapists' reaction to them as related to their own intrapsychic extremes. And how therapists react is highly related to how they understand what is happening.

THE IFS VIEW OF BPD

Because of the pejorative connotations associated with the borderline label and because diagnostic labels, in general, objectify people by identifying them with their most extreme parts, IFS therapists don't use the BPD diagnosis. Instead we view BPD as descriptive of the way some people's internal systems organize after they have been severely abused as children. The abuse may be sexual, physical, or emotional, but we have treated many clients that carry the BPD label and all of them suffered some form of severe abuse. As a result, they have parts that are frozen in time during early traumatic moments and, consequently, they can seem highly regressed when those parts take over. Those same child-like parts had good reason to fear being abandoned and not surviving in the past, and live as if the past is the present. Those parts are desperate to be saved and will idealize as their redeemer, anyone who offers to help.

The protectors of those parts are committed to not letting them get close to anyone for fear of being hurt again and have many ways of keeping people away, including being insulting. In addition, there are rageful firefighters that are determined to get revenge whenever they perceive that anyone has hurt those young vulnerable parts. Because the child-like parts are so vulnerable, the client's managers will try to control the way the treatment goes and can become coercive of the therapist, resorting, if necessary, to manipulative activities and various kinds of threats. Finally, there are highly intelligent and vigilant managers who keep the client functioning. They often had to be extremely creative to help the client survive as a child and are highly sensitive to shifts in people's moods This combination of parts explains the cluster of symptoms reported in the BPD literature, but casts those symptoms in a less pathologized and more sympathetic light.

The sudden shifts in client demeanor reflect the sudden appearance of different parts. The warmth and empathy of the therapist elicits a desperate and raw child-like exile that worships the therapist as a redeemer and expresses extreme dependence on the therapist. All the while protective parts that expect the therapist will hurt that child are watching from behind the scenes everything the therapist does. The minute the therapist makes a false move or gets too close, they erupt on the scene, full of insults and threats. If the therapist retreats too far, the desperate parts might surface again, pleading for help and begging for mercy until the therapist again comes close enough to trigger the protectors. This is a natural oscillation in delicate systems. A version of this oscillation takes place in most therapy. The greater the pain and vulnerability in the system, the more extreme each side of the oscillation will be.

If one understands it this way then one expects jarring shifts, personal attacks, desperate dependence and apparent regression, controlling and coercive behaviors. One doesn't take any of it as evidence of extreme pathology or therapeutic failure. One doesn't take it personally because it comes with the territory, i.e., is part of the healing process. The attacks aren't personal; they are from protective parts whose job it is to get the therapist to retreat by making him or her feel bad. The regression isn't a crossing of the border into psychosis; it's a sign of progress because the system feels safe enough to release a hurting exile. The manipulation and coercion are not signs of resistance or character disorder, just indications of the fear the client is feeling.

What makes clients like these so delicate and labile is that the early abuse left them with little access to Self. Consequently, their systems lack calm leadership and are prone to chronic overreaction. The therapist finds him or herself buffeted by one extreme part (often polarized with another who was just there) after another. If one doesn't know that the client has a Self and how to ask parts to allow it to return, one is forced to deal directly with terrified parts through the whole course of therapy and that is very taxing.

AVOIDING THERAPIST/CLIENT ESCALATIONS

Any therapist working with a delicate survivor of abuse will encounter these kinds of extreme parts at one point or another. Whether those encounters trigger escalations that lead to the kind of therapist's nightmare working with "borderlines" is reputed to depend on how the therapist responds. Whenever a protective part of the therapist takes over, no matter how the therapist tries to hide it, the delicate client will notice and will react. Clients are often oblivious to how their own protective parts are affecting others including their therapists. Instead, clients are often only in touch with the terror or pain of their exiles even while they are attacking. Consequently, they are often shocked when the therapist becomes defensive or distant. Their inner critics will interpret this as further evidence of their worthlessness and their exiles will believe it. If the therapist actively complains about the client's behavior, the complaints are amplified by the clients' inner critics into mortal sins. To dispel the guilt, the client's rageful parts will set to work to show how it is really the therapist's fault. If, when the client's exiles take over and she seems to regress or become hyper-dependent, the therapist panics or is repulsed, the exiles experience a direct rejection and sense that they are dangerous. They often double their desperate efforts to get the therapist to take care of them, making the therapist even more scared or revolted. Amid such an escalation, client firefighters often jump in to try to manipulate the therapist into dealing with the exiles. Clients may threaten suicide or self-injury, threaten to hurt the therapist somehow, or threaten to leave therapy.

Therapists often respond to these threats by becoming more protective and coercive, perhaps involving other authorities and hospitalizing or highly medicating the client. Therapists at the end of their rope will sometimes hospitalize in the hope that it will lead to someone else taking over the case. Particularly for clients whose abuse involved coercion this shift in the therapist is terrifying. They will see the therapist as no different from the original abuser and any therapeutic alliance will be difficult to retrieve. Once the therapist is identified with the abuser it often triggers a warrior-like part in the client that is committed to never being abused again and can be dogged in seeking accountability or revenge. It is that part that therapists fear.

A brief clinical vignette will illustrate how a therapist might find his or her parts activated by a difficult client. An attractive, likeable 36-year-old female client presents with what appear to be life transition issues, but starting in session three, the therapist begins getting nervous. Over time he learns of: several relationships in which she's involved in risky interpersonal behaviors; past suicide attempts and current suicidal ideation; cuts on her arms, most evident when she begins wearing more revealing and seductive clothing. He also gets the sense that she sees him as both her salvation and the target of her devaluing, punishing rage. By the sixth session, he's panicked. "Oh my God, I've got a borderline on my hands!" The therapist, a 42-year-old male, in practice for ten years, responds with an almost instantaneous revulsion to each new disclosure regarding her symptoms or dysfunctional life. A part of him is angry, chiding himself for taking this client on; "you should have known". Another part makes him distant toward her, acting more clinical and "professional". His spontaneity is gone. He rehearses everything he says to her, worrying constantly about how she will react. Still another part constantly tells him "you can't be expected to help her, she's took sick". This part makes him read all the literature on "borderlines", and is bolstered in this information demanding part's pathological assessments. Each new suicide threat increases his protective parts' grip on him and be becomes more worried about what she could do to his practice or how she could suck up his life versus being focused on her welfare. His parts are leading the therapy, and they are not very therapeutic.

WORKING WITH THE CLIENT'S SELF

When a therapist enters a parts war with such clients it can escalate into the nightmare that we detailed earlier. But those escalations can be avoided altogether or held at a manageable level if the therapist can maintain Self-leadership. That doesn't mean to never be triggered by what a client does, but it does mean that the therapist focus on his or her own triggered emotion and follow it to find and help the distressed part, rather than focus on how sick and manipulative the client is. This shift in focus is especially difficult with clients who carry the BPD label because their parts can elicit so much fear and worthlessness in therapists. Therapists are no different from their clients in their aversion to entering their own vulnerable and vile inner realms. As hard as it is, however, the alternative is much worse for therapist and client.

It has been our experience that when a therapist is able to resist the Siren song of letting his or her protective managers take over, and instead is able to stay Self-led in the face of client's extreme parts, then the client's parts calm down allowing for some access to Self. If the therapist knows that a client carrying the BPD label has a Self, then it is easier to avoid overacting to the client's raging or regressed parts because the therapist doesn't feel responsible for changing them. Instead, the therapist is interested in helping them trust that it is safe to step back and release the client's Self. Once the client shows some degree of Self-leadership, the therapist can begin transferring responsibility for dealing with the client's parts to the client's Self. While this shift will be gradual and full of reverses, just the knowledge that it is possible and in progress helps therapists realize that they will not be facing the client's extreme parts forever. It helps tremendously to know that the client has a co-therapist within who will show up in time.

It must be underscored, however, that if the therapist cannot maintain Self-leadership and, instead, reacts protectively to the client's parts, the client is unlikely to ever expose his or her Self. Therefore, the success of therapy with such clients depends entirely on the therapist's knowledge of and ability to work with his or her protective parts. It requires a commitment to personal exploration and healing that can be exceedingly challenging and painful but ultimately is highly rewarding. Further, the therapist may not always be aware when his or her parts are interfering so it also requires a commitment to soliciting frequent consultation with a colleague or supervisor who is able to facilitate inner exploration. If these requirements are met, therapy with clients labeled BPD can be extremely growthful for client and therapist alike. If they are not met, the therapy is likely to be nightmarish for both, only perpetuating the dreadful reputation that "borderlines" already carry. Rather than trying desperately to avoid ever having to treat such clients, we recommended that IFS therapists openly embrace them. There is no better training in Self-leadership and that is, after all, what the therapeutic endeavor is all about.

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Nonhuman Parts in the IFS Room Meditation: A Case History

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Abstract

During sessions using the IFS Room Meditation, some clients identify parts which are not human, including animals, insects, angels, and fantasy beings. This case study explores issues of how to support the patient's Core Self in communicating with nonhuman parts and helping them to heal and transform, and how to develop as a therapist to do this more effectively. It also explores the relationships between nonhuman inner parts and nonhuman companions, including pets, power animals, spiritual guides, and angels. It includes resources for further exploration of this topic for both therapist and client.

INTRODUCTION

Over the last several years, offering therapy sessions in person and over the phone, I have supported clients' self-exploration through the use of the Room Meditation tool from the Internal Family Systems method. The majority of my clients are psychologically healthy individuals pursuing therapy as part of a program of self-development or spiritual growth. Most meditate, many are artists, and some have beliefs which might be classified as New Age, while others are distinctly Christian, Buddhist, or of no particular faith.

A number of these clients discovered parts that were not based on human models. Pets, insects, power animals, fantasy beings such as gargoyles, and religious figures such as angels have all appeared during these sessions. In each case, the patient was able to establish truthful and loving dialog between his or her core self and the part or parts. Generally, the parts transformed, often not only in emotion and attitude, but also in physical form.

This article describes some of these experiences in the hopes that, if therapists are aware of and prepared for the possibility, they will be able to facilitate patients who meet nonhuman parts more effectively. It also discusses some techniques and attitudes that the author has found effective in these encounters, with a section focusing specifically on ways of making the encounter safe for both client and therapist. In the final section, resources are offered which present holistic frameworks for images of nonhuman parts and processes for meeting and deepening one's relationship with nonhuman parts in healthy, expansive, and transformative ways.

Background

The Internal Family Systems (IFS) model proposes that individuals have parts, but largely does not require that the parts be pre-defined by the therapist or the model. As therapists, we may identify roles for the parts, such as manager, or firefighter, or exile, but the focus is not on the identification we impose, but rather on the clients own experience of parts of him or herself, and the relationship the client can build between his or her own core self and these parts. Through this relationship, when the core self leads, the parts often transform into more supportive roles within the dynamic system of the person's internal psyche. This flexible model makes room for parts to be seen as the expression of the client's creative imagination coping with and relating to the experiences of life.

Therapists using the IFS model, including its creator, Richard C. Schwartz, Ph.D. have experienced that clients have a Self, true self, or, in the language of this article, core self. (Schwartz, 2001, pp. 31-35). The IFS model then posits that this core self is present in all people, and that it is fundamentally loving and wise. In many ways, it is similar to the witness consciousness of certain spiritual and meditative traditions. (Schwartz, 2001, pp. 36-41). However, unlike the witness consciousness, the core self does more than just observe. It can actively engage with parts, and lead the system of parts that make up our personality into new ways of responding to our experience. This phenomenon is called self-leadership, and one goal of IFS therapy is to assist the client in self-leadership.

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Since the core self has, intrinsically, the love and wisdom appropriate to the individual, there is no need to build a self, or to heal the core self. The job, rather, is to assist the client in separating the core self from parts which are close enough to it to be obscuring it or distorting its expression. In some cases, it is also important to help the client bring the core self forward as a leader. The goal is a balanced system in which the core self can relate to each part without other parts interfering, and can mediate among parts with different positions, and can grow to lead each part and all parts in our lives effectively.

One way of assisting clients is by using the IFS Room Meditation, briefly described here. The therapist asks the client to write down thoughts or voices that come up in relationship to a particular issue, and then circle each one. These are then seen as initial names or identifying tags for parts which come up in relation to this issue. The therapist then asks the client to picture a room or other environment, and to be present and calm in that room. The therapist then helps the client explore that self, seeking to identify and remove any parts, so that the client's self-image in the room is the core self, expressing wisdom and love. The therapist guides the client into meeting with one part at a time, and guiding other parts to wait in comfortable places. This allows the client's core self to relate to, and establish healthy relationship with, each part. Parts often transform, taking a healthier role in the constellation of relationships that form personality.

This is merely a brief summary of the format and process of the room meditation. There are many elements not described here, including elements that provide safety for both client and therapist. Some of these elements are unique to this format, and others, such as methods for guiding the client into and out of meditative states, are common to many forms of experiential therapy. Therefore, this article, itself, is not a guide in how to perform the room meditation.

The room meditation creates an enriched inner environment through visualization. This can allow some clients to picture their parts more clearly than is the case of using IFS therapy to engage discussion between parts without creating images of rooms, walls, doors, and windows that establish boundaries between parts within the imagery. For example, if a part is asked to step back, it may step forward again unexpectedly. If it asks to, and agrees to, go to a room by itself for a while and enjoy some activity while the core self speaks with another part, this can reinforce the boundary and strengthen the experience that the part is not present while the core self works with another part. Working with this imagery actively, by opening and closing doors, for example, reinforces the sense of clear and appropriate boundaries through the use of inner symbolism.

In doing this work, the therapist is most effective if acting from his or her own core self, and managing any parts which arise in the therapist without allowing them to interfere with the client's process. The therapist may or may not appear as a figure in the room with the client's core self. It is important to note that I have my primary training in Hakomi therapy, so that leading the client into mindfulness is brought to the fore when working with patients, and also that I believe that the unconditional quality of my own regard for the client is of paramount importance.

Richard C. Schwartz, author of the Internal Family Systems Model says, "As our parts feel more accepted and less threatened or attacked, they transform – once we kiss them, our frogs become princes" (Schwartz, 2001, p. 14). He also quotes the poet Ranier Marie Rilke, "Perhaps all the dragons in our lives are princesses only waiting to see us once beautiful and brave" (Schwartz, 2001, p. 17).

This article hopes to help move such thought from the realm of the metaphorical and poetic into the realm of the client's own actual experience.

In all cases, the clients' names are changed, and references to the clients' outer life are kept minimal and generalized to protect confidentiality. The sessions recorded here took place between the years 1994 – 2001, inclusive.

THE CASES

These three cases are illustrative of encounters with nonhuman client parts in the IFS room meditation.

Insects to Angels

The client, Max, was a professional musician seeking greater self-awareness who worked with me for about half a dozen sessions. In all our sessions using the Room Meditation, the client described parts that were initially somewhat like insects. They were the size of children or adults, but had hard shells and came in various colors. They were usually thin and long. Some of them would not, or could not speak, or hear. Others appeared frightened or withdrawn.

Max cleared his core self before meeting with each part individually. When he met with the part, his attention began with curiosity, but moved into expressions of love. His favorite expression of love was to cultivate a light within the heart of his own core self, and then send that light into the heart of the insect-like part. When he

did this, each insect began to glow in its own color, different from the color of Max's own core self. As it glowed, the part sometimes grew in size, and always grew wings and flew. Along with the physical transformation, the part expressed a new role and attitude. The parts were less withdrawn, clearer and stronger. They were able to express themselves to Max's core self, either through light or movement, or telepathic transmission of ideas. They could relate to issues and to real world situations more realistically than they had been able to before. Parallel with these changes in parts, Max was able to make certain definitive decisions about his living situation and relationships that had been uncertain to him at the beginning of the therapy period. As a therapist, I observed these transformations from my own core self. I found myself in awe of the power and speed of the transformation of Max's parts. Each recognized within itself a power, love, which had been lacking in the initial insect, but which then expressed itself through the unique form of that insect, turned angel.

Pets And Power Animals

Telephone sessions with Harry had interesting elements related to nonhuman parts. In one, as he described the situation he wanted to address, one of the parts which came forth was a protective, ugly bulldog. The bulldog was internalized from a pet he had had as a child. In interactions with other parts, the bulldog was initially an uncompromising protector in relation to other parts, but also would not stand down from its role as a guard. During the IFS Room Meditation, we treated the bulldog as a part, just like any other part. At first, it insisted on remaining in the room with the child part it protected. Harry's core self befriended the dog, and the dog allowed Harry to ask the child to wait outside. Harry then spent time alone with the bulldog, and developed a closer relationship with him, the way any pet owner might befriend a dog, first radiating love from a distance, then a cautious approach leading to a good romp. Once the bulldog trusted Harry, Harry was able to spend time with the child protected by the bulldog. At first, the bulldog stood aside in the room, but later, seeing how Harry was with the child, the bulldog was willing to leave and let them spend time alone. Harry's perception of the bulldog went from one of seeing a dangerous attacker who wouldn't stop to seeing a helpful protector taking an appropriate role in helping him set boundaries in his life.

Discussions with Harry at the beginning of another session revealed that Harry was interested in the idea of power animals, and felt particularly drawn to lions. As a therapist, I asked Harry if he wanted to address parts of himself related to a particular issue he had identified, or if he wanted to spend time with the lion. He chose to spend time with the lion. We built a room meditation with himself and the lion just as we would with any other part. It did not matter if the lion was a power animal, separate from himself, or a part of himself. At first, he was scared of the lion's power. We identified scared parts of Harry and help Harry escort them out of the room, until only Harry's core self was with the lion. He was no longer afraid. He and the lion gazed at one another, sharing love through their eyes. He approached the lion, and realized that, to receive the lion's gift, he would have to come close enough to allow the lion to tear him apart, if it wanted to. He came close, and he and the lion held one another. Strength passed from the lion to Harry, and they exchanged lessons about being strong. Images of the willingness to risk death in order to gain strength evolved during the interaction. The lion appeared in an additional session, and Harry said he was learning to draw on the presence and power of the lion at other times.

As a therapist, my willingness to follow the client to the experience waiting to happen was key. Also, my own non-fear assisted Harry in finding a process he was comfortable with. It is possible that my own extensive meditation experiences with my own power animal, also a large cat, helped me be comfortable leading Harry into an intimate encounter with a powerful, and potentially dangerous, ally.

From Gargoyle To Girl

One other remarkable encounter related to a highly intellectual and literary woman named Susan, and involved an ongoing and evolving relationship with a part over a period of about six months. During this time, Susan had some IFS room meditation sessions, a number of Hakomi sessions, and experiences of relating to this part in ordinary life. The part first appeared as a gargoyle, stone, with a fierce expression. In the first session, we worked with both love and humor, radiating a light of love from Susan's core self and my own to the gargoyle, and also playing with words: gargoyle, Grrr-goil (anger, and a girl with a Brooklyn accent), heal the Grrr with love, goil, girl. The girl was an innocent blonde, very shy and scared, who turned herself into a gargoyle to protect herself in an unloving environment. Given love over a period of months by both Susan's own core self and also the therapist, the gargoyle transformed more and more into a girl, and into a girl with a wonderful creative spirit and artistic talent. For a time, the girl was a very distinct sub-personality who acted quite differently from Susan. Over time, however, the girl took her place as a part of Susan's life, most involved with Susan's colorful artwork and other creative projects.

THE THERAPIST'S ENCOUNTER WITH NONHUMAN PARTS

Encountering nonhuman parts was, needless to say, a surprise, though less perhaps, for myself than it would be for some other therapists. Long before my involvement with IFS, I had learned guided meditations similar to the path exercise (Schwartz, 2001, pp. 69-73) in which one travels with an animal, and had also received shamanic initiation experiences with a number of animal beings. In addition, I have studied Jungian archetypal images through both reading and meditation.

However, I do not believe that such experience is necessary to allow a therapist to effectively assist a client in interacting with nonhuman parts. I believe that a therapist can enable patients to relate well to nonhuman parts even if they are not part of his or her own inner experience. I believe this, in part, because of my encounter with Max and his bulldog. I do not like dogs, especially strong ones. Parts of me fear them; others dislike them intensely. Yet I was able to remain with my core self and support Max, and appreciate his own experience of his pet part.

Here are some of the key approaches that I have found useful in these encounters:

- Acknowledge the presence of animal and other nonhuman parts. Do not disregard or skip over them.

- Remember that the key qualities of the core self: love, humor, and wisdom, can be expressed nonverbally through eye contact, radiating light as love, and bodily motion.

- Follow the client's language and belief system closely. (See more on this below.)

- Do not impose beliefs or ideas about nonhuman parts. Just as it is a mistake to think all children are weak, it is a mistake to think all lions are strong. In the client's own imaginative self-perception, a child might represent creativity, and a lion, like the lion with the thorn in its paw in *Androcles and the Lion*, a wounded part in need of healing.

- Be sure to check for other parts attaching to the client's core self and relating to the nonhuman part, and help the client manage this appropriately.

- If you are not sure how to proceed, ask the client's core self. For example, if you don't know how to love an insect, then ask the client, "Do you want to send love to this being?" When the client says, "yes," ask, "How would you do that?"

Remaining clear within our own core self and having a deep respect for the client's imagination and its role in both the process of coping with life and in the healing process, we can facilitate clients improving their relationship with all of their parts. This allows those parts to reveal their gifts not only in the therapy session, but, more importantly, in the client's life.

THE ABILITY TO RELATE TO NONHUMAN PARTS

Trusting The Client's Core Self

There have been times when I have been genuinely uncertain how to proceed in a session. How do you ask an insect how it is feeling? How do you love an angry bulldog? What I have found from experience is that the client's core self does know. This is really not so surprising. Each of us has parts which are uniquely our own. Schwartz writes, "The most amazing thing of all was that, once in that Self state, clients seemed to know just what to do or say to help each inner personality." (2001, p. 40) For example, I may know how to talk to my inner critic, but not know how to talk to your perfectionist. Your perfectionist is part of you, and therefore, your own core self, the natural leader of the system which is you, knows how to relate to your perfectionist. The difference may be greater when the parts are not human, particularly if they lack language. However, I have found consistently that a person's own core self knows how to communicate respect and love, and any other needed quality, to each of his or her own parts. The client's core self also knows how to receive feelings and communication from that part, and communicate with it. I strongly encourage the therapist to maintain a deeply respectful attitude towards the client. Often, what the client discovers about how to communicate to particular parts may be of value, along with the communication itself.

As a hypothetical example, if a client has a nonhuman part that does not speak, he or she might learn to send it love through an image of radiated light. That works for this client's core self, and for the client, as well. Thus the client may then find that sending love through radiated light to an image of a real person in his or her life in meditation may help that client relate more effectively to that person.

Our fundamental role, then, appears to be the same as it is in any IFS therapy work. If we remain in our core self, open, curious, respectful, trusting, and loving, we allow the client to discover leadership capacity within the core self which is appropriate to his or her own life. Any specific detail, such as whether you should remain in the room with the client, should be left to the client's

own wisdom. The combination of respect and curiosity will show us how to ask the question.

Although allowing the client to lead is primary, it is also important that we are open to our own intuition. The client and we are unifying as a system during the therapeutic time. The wisdom of the system is greater than the sum of its parts, and our own core self may be open to intuitions about the process which can most easily come through us and which can be offered to the client as options.

THE ROLE OF THE ROOM MEDITATION

The use of the room meditation may have two or three key components that are significant in relation to the encounter with nonhuman parts in particular. The first is that the room, itself, is a nonhuman part. Walls, doors, and windows are not human, and are expressions of the client's inner psychic structure. We generally don't think of these imagistic embodiments of relations (walls for separation, etc.) as parts, but they do express either parts of our system, or relations among those parts. Second, in using imagery of rooms, I suspect we strengthen the imaging of the physical bodies of the parts. Both in our outer lives and in our inner lives, when we just talk to parts, we are not particularly aware of their bodies, or ours. When we hold a door open for someone, or see them close a door, we notice bodies--theirs and ours. It may be that this noticing of bodies makes it easier to notice the nonhuman parts, in that their nonhuman qualities lie in the shape and color of their embodiment.

The third element is that one can elaborate the physical environment to introduce other nonhuman parts. Recently, in order to do a bit of deep healing work, I created an IFS room meditation environment that included a room and an extensive garden full of living plants and attended by angels. In my core self, I deeply cared about several wounded parts of myself that were unwilling to separate from each other much of the time. In this environment, I was able to walk with each part to a beautiful, healing place, and to know that that part of me was watched by a guardian angel while I spent time with another part. I was able to help several parts of me grow and transform. In addition, the experience of not having to do it all myself, of having help and support from deeper dimensions of myself and of reality (represented by the angels, and by the garden itself) allowed me to relax and heal.

Identifying And Relating To Nonhuman Parts

Nonhuman parts, like all our parts, arise in our inner life, created from, and as a response to, our life experience. It is easy to see how a faithful pet can be internalized as a protector. It was not too surprising to me that Max, a sensitive-analytic artist, peered at parts of himself and saw them as curious insects. But rather than analyze the client or the parts, I believe it is best to respect and appreciate the role of the client's creativity in coping with life, and then help the core self bring that creativity forth in a new way, opening a door to transformation.

Some therapists may have encountered nonhuman parts in themselves or clients and not realized it. In other cases, the therapist recognizes the nonhuman part as such in practice, but perhaps not clearly in thinking. For example, Richard C. Schwartz illustrates the process of the client's Self as relating to individual parts with a client named Patricia. (Schwartz, 2001, pp. 83-90). The session is a fairly typical IFS session, with the therapist helping the client distinguish parts and asking them to step aside. This continues without surprises until Patricia's core self sees the part she wishes to address clearly without anger. At that point, she describes the part as "a little bit like a dog. A dog that hasn't been fed for a long time that wants to move toward a person that's offering it food, but it's afraid because it has been beaten too many times."

The therapist guides the interaction using the term "it," not distinguishing the part as a dog. As the dialog continues, the therapist uses the term "it" and "part," but, in the partial transcription, never the term "dog." The client tends to follow the therapist's lead, and rarely refers to the part as a dog. Most of the client's interactions are not described as what one would do exclusively with a dog, as opposed to the more general terms, such as "reassure it," which one would do with any part, human or nonhuman.

In summing up the case, Schwartz says, "As I hope is clear from the transcript, I encourage people to work with their parts as if they were inner people."

In terms of this article, I think that this case study from Schwartz illustrates two key points. First of all, it is possible to work with nonhuman parts much as we work with human parts. The key points of the client's and therapist's relationships to parts are the same whether or not they are human.

The second point, though, is that it is possible to work with nonhuman parts and not even realize it. Schwartz, in this case, was not encouraging the client to work with the part as an inner person. He was encouraging the client to work with the part as an inner dog.

I would suggest that our willingness to embrace the specificity and uniqueness of the client's experience might enable the client to relate more comfortably and

more deeply with his or her unique parts. Certainly, if a part is male or female, it helps to say "he" or "she" rather than "it." This encourages the client to treat the inner parts, which are in the form of people as inner people. We also like to encourage age-appropriate language and activities in relation to inner parts. Just so, I suggest we also recognize nonhuman parts as nonhuman, use appropriate language and ways of relating to them, and recognize their uniqueness, which is an expression of the client's own creativity.

If we look closely, the border between nonhuman and human is a bit vague. Is a Buck Rogers part human? Certainly, the part has no supernatural powers; but it is based on a fictional, rather than human, source. What about a superman or supergirl part? Here, the bodily form is human, but the abilities are not. And even the parts most nonhuman in appearance have many of the key characteristics of people: the ability to feel, the ability to be transformed by love, and, in most cases, the ability to communicate in language, or in some other form which can be interpreted into the client's spoken language.

INSIDE OR OUTSIDE?

In working with client's nonhuman parts, it is very important to respect the client's perspective on the issue of whether these parts are part of the client, or external allies or companions the client relates to. Normally, we view parts as internal when they appear in a client's meditation or inner experience, and we apply the term external to members of the client's family, friends and associates in the normal world. Working with nonhuman parts can bring in another dimension to the question of internal or external. Inside the imaginal realm, it can be important to define aspects that are internal to the self, and those that are external.

For example, one client might believe in and work with a higher self or witness consciousness that the client views as part of herself or himself. It operates by being in the room with the client, shining light, and perhaps offering guidance. For this person, the higher self or witness consciousness is part of himself or herself. Another client might say that he or she has a spiritual guide, or perhaps a patron saint. In the room meditation, the spiritual guide is likely to take a role similar to that of the higher self or witness. However, it can be crucial to the client's belief system that the spiritual guide or patron saint is another being, outside the client's self. We can affirm the client's experience in terms acceptable to the client, such as, "Your higher self is part of who you are, and is welcome in the room," or "It's fine to have your angel with you."

In my opinion, the client's own view on this issue should always be respected. In the room meditation, and in the healing process in general, what matters are the interactions among the parts present, not their technical status as internal or external. If a part is present, sending light and love, it strengthens the experience. It does not matter if the client views that part as internal or external, and raising the issue is more likely to interfere than to help.

The same applies to power animals. For example, we might be drawn towards analyzing a dragon part and seeing that the dragon is the client's own creativity. However, we should respect the client's view of the role of the ally, or power animal, in his or her own consciousness.

Of course, if a client begins to question this relationship, we can support that exploration. In doing so, I suggest that the client's own wisdom is a better guide than our own ideas, or than any model or theory we might have learned.

SAFELY WORKING WITH NONHUMAN PARTS

As therapists, we are all aware that there are risks in the therapy process, both for client and for therapist. This may be especially true when the therapeutic process induces altered states of consciousness, as the IFS room meditation has the capacity to do. (Indeed, it might be argued that the therapist's own preparation for an IFS session, in clearing the way for the core self to lead the session, is an introduction of an altered state of consciousness.) In any case, it is clear that both therapist and client sometimes have experiences of parts with enormous power, and sometimes deal with rapid transformation and unfamiliar experiences.

The basic situation in the case of nonhuman parts is not substantially different than a situation involving human parts. Whatever methods the therapist uses to manage a session apply to a session in which nonhuman parts participate. For example, a nonhuman part may be an exile, a manager, or a firefighter, and can be recognized as such. In the case studies above, the bulldog was a manager. The gargoyle was a manager with an exile hidden inside. The insects were exiles. I can't recall meeting a nonhuman firefighter, but I expect some people have them. I believe that, in working with nonhuman parts, you can expect that the basic concepts of IFS are as likely to work as they are with human parts. If the bulldog is a manager, then it is likely that it is both protecting and exiling some other part. It also probably would enjoy a chance to stand down and have a good romp. If the insect is an exile, it will probably respond well to love, if it feels it can trust that love and its source. In my experience, the relationships, and the

potential for transformational change, are the same with nonhuman parts as they are with human parts.

However, it may be that some nonhuman parts are particularly powerful parts, or raise strong reactions in other parts (of the client or therapist). It may also be that the forms of communication that one uses at times with nonhuman parts, such as radiating light and love, or communicating telepathically, are unfamiliar, and produce psychological or physiological changes in the client. An example of a physiological change would be a heightened sensitivity to light or sound.

As a result, in each session, a bit more caution than usual regarding a sense of balance and safety may be called for. One particularly useful tool is to help the client be aware of, and feel, his or her own body in its real physical surroundings. It is certainly good to do this at the end of a session, after the room meditation is closed. One might close the room meditation and complete other aspects of closure about five minutes before the end of the session, then spend some time asking the client to feel his or her body kinesthetically and to engage in a tactile activity, such as rubbing the arm of a chair or the leg of his or her pants, noting the texture. After these activities, it can be good to check the client's orientation, clarity, and mood. The discovery of our own multiplicity can be disquieting, even leading us to ask if it is some kind of psychological disorder such as Multiple Personality Disorder (Schwartz, 2001, pp. 22-23). The same is true also of the discovery that parts of us appear in nonhuman form. Some clients may be concerned about schizophrenia or delusional disorders, and others about demonic possession. It is important to address such concerns respectfully and help the client normalize the experience. Among the case studies, this was particularly true for Susan with her gargoyle-girl, as this part tended to appear in her daily life, as well as in healing sessions. As therapists, we are in a role that allows us to affirm the client's basic health and stability. We also have a number of tools that can assist the client in developing clear boundaries and healthy relationships with parts. If we are comfortable with nonhuman parts, it is easier to create ways of applying these tools to the client's relationship with them. Therefore, it is valuable for the therapist to be familiar with the possible sources of images for nonhuman parts.

SOURCES OF IMAGERY

The most important source of imagery that may bring forth nonhuman parts is the client's own inner life. For the most part, I have worked with nonhuman parts because they arose in the client's own imagery during discussion of an issue or during the IFS room meditation itself. Of course, if one discusses a client's dreams, then nonhuman parts may be discovered in dream imagery. This is true whether one works with a traditional therapeutic recounting of dreams, with lucid dreaming, or with a method such as Arthur Mindell's Working With the Dreaming Body.

There are also other sources of imagery and meditation processes and which can bring forth nonhuman parts. These are perhaps particularly valuable to therapists who wish to become more comfortable with nonhuman parts through study or experiential work. They can also be exciting and enriching components of workshops.

SYSTEMS OF IMAGERY

There are many mythological, folkloric, and other systems of imagery that could give rise to material that would help discover or evoke nonhuman parts. One that I have worked with extensively is the Tarot. The Tarot imagery includes twenty-two images called the Major Arcana. These figures are considered by some to be the essential archetypes of our consciousness, the eternal aspect of the collective unconscious through which the full radiant power, love, truth, and beauty of the Universe radiate into our consciousness, and, through it, into the world. Some systems link the Major Arcana to the bodily chakras (energy centers), to astrological symbols, and to other mythological systems. A meeting with one of the Major Arcana within oneself can be a powerful experience of guidance. For those who are interested, many such meditations can be found in John Randolph Price's *The Angels Within Us* (1993).

Another system of imagery comes from indigenous and shamanic traditions. It is the notion of a power animal, or ally. The notion is that each of us has one or more guides from nonhuman realms that support, teach, and guide us. Power animals may be not only mammals and birds, but also insects, reptiles, and mythical creatures. The simplest way to discover a power animal is to ask someone if there is some animal that they particularly like. Perhaps they have only seen it in pictures or read about it in stories, or dreamed about it, or perhaps a combination of all of these. Perhaps they have seen them in daily life. In any case, if the person has experienced an interest in, or an admiration of, or a curiosity about, a particular creature since childhood or over a period of years, that creature may be an ally. Its appearance in the person's external life would be an example of what Jung called synchronicity. A guided imagery meditation introducing the core self to that ally can be a powerful, revealing, and nourishing experience.

One other system of imagery is worth mentioning here because of a particular concept that is relevant to the therapeutic experience. It is important to realize that our parts affect more than just our inner lives and our

emotional relationships. They also affect our physical health, both directly and indirectly. Schwartz (2001) recognizes, for example, that people operating from strong pessimistic managers can be inclined towards depression. And, as we know, depression has a number of physiochemical indicators as well as psychological ones. An example of parts that affect physical health indirectly can be found in those cases where individual's parts affect their eating and exercise habits, either for ill or for good. I suggest that it is very important to recognize this psychophysical link. One system of self-awareness that does this is *The Way of the Peaceful Warrior*, developed by Dan Millman (1992). In a model that he developed from the Hawaiian Kahuna tradition, he proposes a Higher Self, a Conscious Self, and a Basic Self. The Higher Self has the role of the Witness. The Conscious self is similar to the core self and most parts in IFS, and, as we work to transform it, becomes more like the core self, leading other parts. The basic self has some similarities to the Inner Child in other psychological literature, but some important differences as well. The Basic Self has childlike qualities, but also has qualities of an animal as well. It includes our body-consciousness, and is potentially strong and vigorous. It exerts a strong psychosomatic influence over physical health. It also can be stubborn, determined, and unresponsive in ways that can lead to difficulties such as addiction. If supported and befriended, it becomes a vigorous ally, increasing the power of our immune system, our vitality, and our general health. This model has the value of bringing forth the deep interactions between body and mind, illustrating how work with parts, including nonhuman parts, can affect our physical health, and how changes in our physical health can, in turn, support psychological health and clarity in a mutually reinforcing spiral towards health and clarity.

PROCESSES FOR MEETING NONHUMAN PARTS

A simple way to meet a nonhuman part is to follow the path exercise (Schwartz, 2001, pp. 69-70) and add an additional element. After your core self is alone, allow it to meet an animal or creature on the path. It is useful if the interaction has these stages: noticing, greeting, sharing, thanking, and departing. At each point during the exercise, you may stop and notice if you are responding with curiosity, wisdom, and love. If not, identify the part that is present, and ask it to step aside. You can also carry the exercise only as far as feels comfortable, noticing without greeting, or sharing without touching may, in fact, be what feels comfortable. Some of these elements that expand the path exercise are found in Bartholomew (1989, p. 114, 1987, pp. 113-138).

Once you are comfortable with an ally, you may ask it to lead you or carry you to somewhere, someone or something else. Personally, I have developed a path journey, which takes me first to a safe place (in a cave underground) where I rest and become clear. From there, I journey to a new land, where I meet an ally, and then go on to visit a guide or Archetypal figure. At times I go with no particular agenda, and at times, I go to work on and request help with a particular problem.

One particularly valuable set of resources for relating to allies, nonhuman guides, and archetypal figures through meditation, imagery, and art are books by Bartholomew, most particularly, *From the Heart of a Gentle Brother* (1987).

Just as we can develop healthy relationships with human parts, and have them function in certain parts of our lives (Schwartz, 2001), we can do the same with nonhuman parts. About four years ago, I met a new power animal in a dream. Over the last four years, I have gotten to know it better, developed a much more intimate relationship, and learned from its power and wisdom. I have used all of the techniques described here, plus journal work and creative writing, along with study and research, as ways of connecting with my ally. I have healed numerous exiled parts with the help of this ally. I have also learned to live more and more consistently in the present moment, aware, alive, and led by my core self. I still have a very long way to go (just ask my wife, or my friends). But I know that the practice of being loving and clear in my imagination has helped me do the same in my daily life.

THE VALUE OF NONHUMAN PARTS

Overall, I have found that helping a client develop a rich relationship with nonhuman parts, and helping those parts transform and heal, is not substantially different from doing the same with human parts. Doing it, however, may require a deepening of our own qualities of being nonjudgmental and accepting. As therapists, we have more experience dealing with hurt, or even threatening, human parts than we do with wounded animals or strange insects. I don't think we need to go out and take classes in veterinary medicine and entomology, but it can help to read fantasy and esoteric spiritual texts, explore folk tales from Native American or other shamanic traditions, and cultivate a joy in the unexpected and a sense of humor.

I have not found any particular dangers in working with nonhuman parts. However, it should be noted that encounters with angelic figures and power animals, and, in general, the use of the image of radiant light as love, has a powerful effect on both the body and mind of both the therapist and client. Appropriate time and means of

closing the session and reorienting both the client and ourselves to daily life are appropriate, and one may find that this takes a bit longer, and should be done with a bit more care than usual, as also during the session.

This extra effort at acceptance, and this willingness to spend time with these powerful beings, is highly rewarding for both client and therapist. We, as human beings, are both animal and angel. Exploring our animal parts and improving our relationship with them can increase our physical vitality, health, and balance. Encountering angelic and spiritual beings allows us to spend time in states of consciousness that have a purity of love, truth, and beauty not generally found on Earth. As we integrate those parts and their powers, we find ourselves more able to be unconditionally loving; able to serve and lead and love without fear in daily life.

Acknowledgements

I would like to express my appreciation to Greg Johanson, Ph.D., for guidance, mentoring, and support, and to Richard C. Schwartz, Ph.D. and Steven M. Kemp, Ph.D. for encouragement. I also wish to express appreciation to my wife, Kristen H. Lindbeck, Ph.D., for intelligent critique and assistance, and to my clients, from whom I have learned and continue to learn a tremendous amount regarding the creative and imaginative ways in which we manage in life, and also grow and heal.

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Which Way Now?

Experiencing Self-Oriented Methods for Accessing Inner Guidance

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Abstract

This paper considers the arising of Self, to be both the means through which specific attributes of the psyche, such as inner guidance and intuition, are accessed, as well as the fruit of being receptive to the present moment. Some traditional and contemporary approaches are presented in a way that allows the reader to experience them. The author considers issues associated with inner guidance, and discusses these approaches as ways to come into a deeper relationship with our lives, while helping to heal the past, and clarifying directions into the future.

The perspectives and practices that I will be sharing in this paper are diverse, but like the spokes of a wheel, they all emerge from - or lead to - a common centered space: the self. My interest in inner guidance goes back to my childhood. I remember feeling perplexed by questions that I couldn't get answers to. Like when my father, who was a science teacher, tried to explain infinity to me. I tried to imagine a brick wall at the end of the universe. Infinity would be the other side of the wall. But then what would be after *that* stretch of universe? I thought, wouldn't it be good if there were a truth machine? You could ask it anything, and it would tell you the answer. After some time, I encountered other imponderables that perplexed me, like: "what should I do with my life" and "why am I unhappy?" Luckily, my wish for a truth machine came true, in a way. My life brought me into contact with a variety of means to shift my perspective, and access my own resources to find my truth - and my way. Of course, any approach will work better on some days than on others. Sometimes, when you ask for guidance, the answer is right there and sometimes it takes more time: the answer is in the mail. In Letters to a Young Poet (1984) Rilke says, "Live the questions now. Perhaps then, someday far in the future, you will gradually, without even noticing it, live your way into the answer." Whether the needed answer quickly follows the question or not, methods of inner guidance can provide a way to come into relationship with the elements of our lives. Then there's the matter of Divine Guidance. A friend of mine once remarked that there are two kinds: the guidance that comes before you make a decision, and the kind that comes afterwards, in the form of a commentary. Ways of accessing our own inner guidance can help us to get in touch with our deeper knowing, but where does divine guidance come in?

A rabbi once told me about a notion in mystical Judaism, of time being played out upon a kind of matrix, a grid where each moment presents a decision point where there is only one right direction to take. In this perspective, life presents us, at some point, with the reason for our being born. This section of the matrix is known as the fulcrum point, and while it may only last a moment and we cannot know when that moment is, it is seen as the opening to fulfill our purpose on earth. It seems to me that the "right decision" in each moment may not be an outward one of what we do, but rather the decision to be present to the moment. Out of that, the crucial action might spring spontaneously - perhaps a kind word, or an unkind word withheld. Robert Johnson (1998) comes to a similar perspective in his autobiography. He tells of having a sense of "slender connecting threads that guide our lives, "call it fate, destiny, or the hand of God." He also says, "the mystery is this: there is one right thing to do at every moment. We can either follow or resist."

What follows are specific ways of accessing your own inner guidance. These approaches can not only help you find out where you want to go, but where your life wants to go. There are two situations in which inner guidance can help. One is subjective - when your parts are agitated, confused, afraid, and so forth. Your parts do not know what to do to feel better, and you feel identified with them. Or perhaps worse, some parts, such as those Schwartz calls *firefighters*, (2001) may react to another part's activation and try to steer things out of apparent danger. Trouble is, these firefighter parts often take us down the wrong road. The second situation is objective - there is a direction that needs to be taken, in some aspect of your life, such as your work, and as is usually the case, there's not enough data to go on, and the outcome is uncertain. It's common for these two situations to occur at the same time, which

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complicates whatever objective situation you are trying to respond to.

I find that it helps to respond to the subjective situation first. This helps me to become quieter in order to respond better to the objective situation. The quieter you are, the better you can see and hear what information may be there for you. Ira Progoff (1977) quotes Lao Tse's *Tao Te Ching*, which speaks to this relationship between clarity and quietness or calmness: "muddy water, let stand, becomes clear." He is talking about meditative awareness.

BREATHING MEDITATION

Simply observe your breath (now watch your breath as you continue reading - read slowly, please wait a few seconds between sentences - after this section, continue to watch your breath for a few minutes with your eyes closed). You don't need to do anything with your breath. Just let it be. It's as if you were watching the waves at the ocean. In the same way that you don't need to control the waves, let your breath be. You just let the breath be the way it is. It changes by itself. Notice when the breath is coming in, and when the breath is going out. You can say to yourself, "in, out" as you watch the breath. This helps you keep you attention on the breath. When you find that your attention wanders (and it will) gently bring it back to rest lightly on the breath. Don't let your thoughts carry you away and there's no need to try and stop the thoughts (that's just another thought anyway). The thoughts are like clouds, they move by themselves. Simply let the thoughts go, and gently bring your attention back to the breath. The breath (and consciousness) will do the rest. Thoughts will gradually become calmer as you rest with the breath. Let the breath be how it is without trying to make it longer or make it abdominal breathing and so forth. Just allow it to be. No need to exclude other awareness. You might want to keep 75% of your attention on the breath and 25% on anything else (thoughts, feelings, sensations, sounds) but don't get carried away by anything. Just notice and let it go. Getting carried away by your thoughts takes you out of the present moment. Being aware of your breathing keeps you in the present moment. Relax. Notice what the quality of the breath is, and just be with that. Letting it be lets it change, and it changes by itself. This is conscious breathing. Conscious breathing connects the mind with the body.

The Sufis call this the queen of meditations. You can use it to enhance your joy, relax your mind and body, and cope with stress. Thich Nhat Hanh (1990) says it protects the body and guards the mind. You can practice this on a meditation cushion, at the movies, in a meeting, or anywhere. It's a way of bringing a profound practice into your daily life. Practice this and it's like watering the seeds of calmness and presence.

NATURE MEDITATIONS

These practices are like vitamins or medicine. You can use it to strengthen and balance yourself. I learned them while visiting Thich Nhat Hanh's practice center at Plum Village, France. As you watch your breath, say to yourself:

"Breathing in, I see myself as a flower.
Breathing out, I feel fresh."
Short form is "flower" (on the in breath), "fresh" (on the out breath).
Stay with it for a few minutes or as long as you like.
When you're ready to go on, go to the others, spending some time with each:

"Breathing in, I see myself as a mountain.
Breathing out, I feel solid."
(Short form: "mountain, solid").

"Breathing in, I see myself as still water.
Breathing out, I am reflecting."
(Short form: "still water, reflecting").

"Breathing in, I see myself as space.
Breathing out, I feel free."
(Short form: "space, free").

You can spend time with each one, or you can go through and see which one is most needed in the moment, and hang out with that one.

This meditation helps your body open to the energies it needs.

Each image is like a signal that calls forth that energy within you.

Relax with the image, and pretend that you are that which you are imagining.

Be the still water, for example, and let the sounds you hear, the thoughts that appear, and the sensations you feel be like reflections that cross your awareness. The still water reflects whatever's there, it doesn't care, and it doesn't hold on, either. Krishnamurti called this "choiceless awareness."

In electronics, the ratio between signal and noise is called "sensitivity". The lower the noise, the greater the sensitivity. Quieting yourself using these (and other) methods is an important part of being sensitive to inner guidance. Very often, the signal inside - the small voice of guidance - is drowned out by the noise outside. Of

course, there's usually more noise inwardly than outwardly. Sometimes, the voice of guidance is not so subtle, but overlooked anyway. I remember a stressful time when I was straining to hear the whisper of inner guidance; meanwhile, my aching back was screaming at me to pay attention to how I was feeling.

Getting quiet, letting yourself be still, the dust settles and you can see more clearly.

Here's another Thich Nhat Hanh gem:

This is a 10-breath practice. Simply say each word to yourself as you breathe in and out:

"In - out - deep - slow - calm - ease - smile - release - present moment - wonderful moment."

When you get to "smile" let it be an inner smile, not a Cheshire cat grin. This simple and wonderful practice helps you tune your mind, and attune your being.

These breath-words help you to find the beauty in the moment you may be overlooking. On the other hand, I've used them during high stress situations (like minor surgery) and it's amazing how it helps to keep one centered and calm.

To see this moment as wonderful does not mean overlooking some stressed or hurting part, saying that it shouldn't be feeling what it's feeling. Neither does it help to overlook the bigger picture. A part of me can be hurting, *and* I can feel compassion for myself, *and* the sky can be beautiful.

When you sit with your breath, place the breath in the foreground of your awareness, and notice that other perceptions (including thoughts, images, sounds, and sensations) will, from time to time, move from the background to the foreground. Let them. Then let them go, and gently return to the breath. Let the breath be as it is, let yourself be as you are.
What's the difference between meditation and concentration?

Meditation is an opening of awareness, whereas concentration excludes from awareness what is outside the focus of concentration. They are both important. A positive concentration-meditation (like the above practices) is a powerful antidote to the negative concentrations that we habitually practice daily. Whenever we are stuck in our point of view, or in a mood, or on a problem, we are excluding other awareness, and are thus practicing a concentration. The above practices are concentration-meditations because you let the awareness of your environment (inner and outer) be there as you keep most of your awareness on what you are concentrating on.

BODY DECISION PROCESS

I call this "delegating down." I delegate some decisions to my body, because my head can create endless pro and con lists. Thinking through a decision is important, but thinking is just one of our abilities for perceiving and valuing. Carl Jung (1971) said we have four functions: thinking, feeling, intuition, and sensation. Letting our body participate in our decisions is a way of getting a "sense" of the situation, getting in touch with how we feel, and listening to our gut. It's also a way of accessing our intuition, since our intuition can make itself known through our senses. You can notice if there is harmony in your decision with your thinking function (have you thought it through?), with your sensation function (what does your gut say, and what about the details - are you seeing things clearly?), with your feelings, and your intuition. I've found that my body is usually, if not always, right (about what's right for me). It is a little tricky sometimes, because what's right for me in general, may also activate some parts (which also register in my sensations and feelings in the body). For example, it may be right for me to attend a function of some sort - but there may be part of me that just wants to stay home and read a book. That part's "voice" will also be there. The objecting voices need to be heard (honored) as well, or else they will try to be heard later and may try to exert their will by causing you to feel distracted, moody, tired, and so forth. So I can get a general sense of the right direction, and yet I can also be more aware of the range of feeling I have about a given decision

Sense your whole body. Get comfortable. Now let your awareness come into the middle part of your body, as if your awareness were a spotlight - or you may think of it as your awareness pouring into your body. Sense this middle part of your body, in your torso, between your throat and pelvis. Notice how you're feeling in there. Are there some pleasant or unpleasant sensations there? Often, we experience a vague discomfort in this area, when something's not quite right, as well as when it's quite wrong. We may feel a tightening in our chest or solar plexus or abdomen, or a heaviness, or a hollowness, or butterflies, or a knot, a lump in our throat, a sinking feeling in our gut, a constricting feeling, and so forth. There's a method that uses the awareness of these and other sensations to heal and grow in our lives - and to find what's right for us. This method is called Focusing, and was developed by Eugene Gendlin (1978). Generally, we try to get away from or distract ourselves from these unpleasant feelings - or else we may be immersed and overwhelmed by how we're feeling. Focusing shows us

that there is a third way to be with our experience: neither denying what's there, or being submerged in it, but being with it - being in relationship with it. As Gendlin has said, if you're cooking soup, the best way to get a sense of it is not to stick your head in it but just to come close to it and sniff it a bit. If we deny what we're feeling, then it (the feeling) doesn't get to be there and doesn't get to be heard. On the other hand, if we are overwhelmed and identified with it, then we (our centered or core self,) don't get to be there. Focusing teaches us how to be in relationship with what we're sensing, in a friendly way; and it shows us how to help those feelings shift, leading us to what Gendlin called the "life-forward direction" (1986).

I'm saying this about Focusing, because in a moment I will ask you to clear a space for yourself, and to ask these vaguely uncomfortable feelings to move aside for a moment. It's good to be able to do this, when you need to take a "read" of your body. It's also good to be able to clear a space for yourself when you need to be present to the moment, or to another person. But it's important to not use the skill of clearing a space, and putting aside what you're feeling, as a means to just deny what's there. We don't want to continue to ignore what we're feeling in the same way that other's ignored what we were feeling when we were little, although, it's true that we tend to treat ourselves the way that we were treated as children (until we see what we're doing!). When you sense the discomfort, acknowledge that something's uncomfortable. For some part of you, at least, something's not right. You might take a moment to sense what in your life it might relate to. If you were going on with focusing, you would keep your focus with the discomfort, describing it to yourself, and relating to it - maybe asking it what it needs. Keeping it company. Another good introduction to this approach can be seen in Ann Weiser-Cornell's book, *The Power of Focusing* (1996). It has a lot in common with "parts work," which we will touch on later. For the purposes of making a decision, however, just let yourself clear a space, so that you can have a sense of "neutral" in your body - kind of a base line reading. When you have a sense of "neutral" in your body, you are ready to ask your body for guidance on a decision. Pretend you've made the decision one way, and see how you feel inside with that decision. Give it a few moments to get a sense of it. How does your body react? Now come back to neutral again. You might want to take a deep breath and let it out to help come back to neutral. Now pretend you've made the decision the other way (you might say to yourself, "I'm going to do that" or "I'm not going to do that"). How does your body react now? Come back to neutral again. Take a deep breath. How did your body respond to each direction? Focusing and IFS have a lot in common. Gendlin says that any time you are sensing the body, you are doing Focusing. In general, Focusing sessions tend to follow the "felt sense" more closely than other methods (though IFS sessions can, too) and tend to be among the least directive of approaches. IFS brings a way of working with the internal system to therapy and inner work. Both approaches follow carefully the organic process of the individual.

THE SIGNIFICANCE DETECTOR

Another way to get guidance from your body comes from Craniosacral Therapy, as developed by John Upledger, D.O. (1997). It's called the significance detector, and involves the craniosacral rhythm or CSR. The CSR is one of the rhythms in the body, like the heartbeat or breathing, but is less vulnerable to being influenced by our will. For example, the heart pulse and breathing can change with your thoughts and activities. The CSR however stays the same, even if you run around the block. But the CSR is interactive with us in that it responds to questions. The CSR can come to a momentary stop, to say "yes", when a question is asked of it, or when something is being expressed that is true and significant. That's why it's called the significance detector. You can feel it anywhere on the body, but a good place to sense it is by on your thighs.

Place your palms gently on your thighs and rest. Sense the tissues beneath your hand. There's actually a lot you can feel there, so you have to be selective. For example, you might be able to feel your heartbeat, or you might feel the tissue respond to your breathing, or you might feel the tissue moving in response to your touch, and so forth. Ignore all of that, and look for a subtle rotation of your thighs. This is very subtle. The tissue will rotate, ever so slightly, outwards and then inwards, about 10 to 12 times per minute. Let yourself become quiet, and "listen" with your hands. You might find it easier to just let your hands follow whatever movement is there, and just watch how your hands are moving, rather than to sense what the tissue is doing. It's subtle at first, but with a little practice, you'll find it easy to feel - and once you've felt it, it's easy to feel from then on. When you feel it, ask a yes or no question. If the answer is yes, you'll notice that the rhythm may stop for a few moments. There may also be sense that your hands sink into the tissue a little more. When you get the stop, just say, "Got it," and it resumes. You can then ask your next question. You can double-check an answer, but if you ask the same question more than a couple of times, the response may be unclear.

Paradoxically, the more invested you are in an answer, the harder it is to get clear information. On the other hand, it's easy to "use" our intuition to justify what we want. I was having dinner with an 80 year-old friend who carries a little pendulum in his pocket.

Afterwards, he took out his pendulum, held it in front of him and asked, "Is it wise and beneficial for me to have a second piece of pie"? And then, "Ah, the answer is yes," as the pendulum swung back and forth vigorously. I pointed out to him that he was pushing the pendulum with his whole arm. He said, "maybe so, but it doesn't matter because I wasn't aware of it." Overhearing this, his wife, giving him a good-natured but dismissive wave of her hand, said, "Oh, Frank"!

It's useful to note that when accessing your intuition, it's good to regard it as a source of information, but not marching orders. Like Shakespeare's advice from the uncle in Hamlet, "Hear everyman's counsel, but be your own judge." The Jungian Analyst, Jean Bolen (1992), gives this example: it's as if you were the chairman or chairwoman of the board, and you would listen to the advice of the members sitting around the table - but you would make the decisions, not them.

PARTS

Another source of guidance comes from the place you'd least expect: the parts that cause us problems. We all grow up learning how to keep painful feelings at a distance, and learning how to keep some "parts" of ourselves away. Sometimes we're relatively "successful" at this, but often the parts that we don't want have a way of intruding into our lives, and at the most inopportune moments. Jung called these parts "complexes." There's nothing necessarily wrong with complexes, they are the building blocks of our psyches - it's how we're put together (for example, the ego is a complex. The thing about disowned parts is that they don't disappear just because we're not aware of them - rather they continue to function outside of our awareness. Now when part of us is suffering, it's natural to want to get away from that. We may try to distract ourselves, for example. However, if we are able to relate to what's happening, neither denying it nor identifying with it, we can have a measure of freedom while at the same time helping the part of us that needs attention. That's a key point, because almost universally, when a part of us is upset, what it needs first and most is our attention. But here's the rub: it's natural to have feelings about the feelings we're having. So if there's a part of me that's feeling very vulnerable or shy, there may be another feeling - a reaction to this from another part of me - and that part might feel angry or dismissive toward the vulnerable part. So if I'm feeling vulnerable, it doesn't help if I feel angry with that. What does help is if I can be with the part of me that's feeling vulnerable, or scared - and if I notice that there's a part of me that feels angry or unsympathetic about that, to simply acknowledge that, too - but not be that part either. In other words, relate to the part from a place of self - and not subjecting the part to the reactions of other parts. It's like a teacher who has a child that's upset, and just as he or she begins to comfort the child, another child comes to tease. The teacher might tell the teasing child to play elsewhere for now, so that she could have the space to comfort the child.

Where does the guidance come from? The parts of us know something about us that we don't - they know the feelings (and memories) that are there that we've lost track of. They also have a point of view that may be useful. Parts have tremendous integrity: they know what they're feeling. By learning to accept the parts, and being with them in a respectful way, we can come to relate to them, asking them, for example, what do you need to feel good? In this way our parts can help us find our way, and relating to our parts lets us integrate our energies that are bound up in them. Ultimately, as Dick Schwartz (2001) explains, parts can find better roles in a more harmonious inner family, and trust the self to lead - and to be free.

BRINGING HEALING TO THE STORY OF YOUR LIFE

Ira Progoff speaks of how our lives become like compacted soil (1966). We have experiences but we often don't have the means to process and understand them, especially as children. Even though they may be buried, our experiences - and our reactions to them - can still affect us. It's possible to "loosen the soil of our lives." One way to do this is by writing with honesty about our experiences. James Pennebaker writes about the healing effect of writing about our lives in his book, *Opening Up* (1990). He did research that showed that it's not the specific trauma, generally, but whether or not it can be talked or written about that determines how well we're able to recover from it. He also found that just expressing emotion about a trauma, or just talking about the facts of a trauma, didn't have nearly the power as talking or writing about an event, together with our feelings about it. He also found that the healing effect could be the same whether we talk to another person, talk to God, or write about it.

The Steppingstones of your Life

Ira Progoff developed the *Intensive Journal* method as a means to enable people to deeply relate to their lives, and access their creative potential (1966). It allows one to develop a dialogue relationship with the various aspects of life. The following writing exercises are adapted from an *Intensive Journal* workshop.

The steppingstones are the main markers or events of your life. They're not the ones that you necessarily think should be the main ones - but they're the ones that occur spontaneously to you when you think over your

life, from birth to now. Let yourself become quiet, and feel the sense of your life. Our lives often seem as if they have no direction, but like an acorn that "wants" to become an oak tree, our lives also "know" where they want to go (1966). You could say that the feeling of our life not having a direction is itself the expression of that within us that knows where it wants to go - and knows (sometimes more clearly) where it doesn't want to go. As you become quiet, with your eyes partly open - letting yourself sink down beneath wide-awake, to more of an in-between or twilight level, between wide awake and asleep, list 10 or 12 steppingstones of your life**.** Begin with "first I was born, and then…" and continue to list your steppingstones, as they appear to you spontaneously, of your life. Listing just 10 or 12 forces the psyche to be choosy. If you find yourself too much on the surface of your thoughts, just pause and let yourself sink down into more quiet, so that you can let the steppingstones appear to you - rather than you having to "think them up." When you have your list, read it over to yourself, and make a note, after a couple of lines, about how you feel, or what stirs in you. The steppingstones will be a reflection of how you are looking at your life at this time. It's useful to make another list from time to time, after some months.

Choose one of the steppingstones, especially one during a time in your life when there was a lot of cross currents, a time when there was a lot happening, or a time that needs healing or resolution, and begin to write about that time in your life. You can start by writing, "it was a time when…" and write whatever comes to you. Try to sense and write about the feeling or atmosphere of that time-- the strivings, your self-image, your hopes and fears. Describe this period of your life. Touch on the different aspects of your life, such as your body, your relationships, work, creativity, sexuality, and connections to society or groups. If you do this for every steppingstone that you had listed, you would be on your way to your autobiography. One of the advantages of writing about our lives is that it lets us attend to the details of our experience, and give as much attention as we like. Sometimes people are concerned about opening up a can of worms. They may say that they don't want to bring up the pain. This attitude has probably been there for a long time. When you begin to write about your experiences, bringing them to the light of day, it helps to relieve the pressure of keeping them down - and it also helps to bring them into a better perspective. It's not necessary to dig for anything - just write what comes to you, and write as much as you like. It's not necessary to force anything, just receive what wants attention. It's all about listening, not insisting.

.As Progoff says, these methods for improving our lives are not "instead of" anything else, including our religious beliefs or practices. Neither is inner work a replacement for connecting with people. In fact, I've found that inner work helps me in my relationships. Rather, these methods are means to augment what we already have. The *Intensive Journal* Workshop presents methods that allow a person's life to come into focus. These methods include techniques of inner dialogue that develop and deepen relationships with personified aspects of a person's life, such as their work, body, society, personal relationships, and situations or events. There is also a dialogue with an individual's own inner wisdom (see below). While the exercises are structured, they allow a person to follow the organic movement of her psyche - which shows her where to focus.

INNER WISDOM DIALOGUE

The easiest way to obtain inner guidance is simply to shift your perspective. When you do that, you see something that you didn't see before. However, it's good to shift your perspective to a better view. For example, if you're at the ball game and you're sitting behind a post (which is possible at places like Wrigley Field in Chicago) it doesn't help to shift your view from your seat to the outer corridor. Similarly, in the point of view of your attitude, it doesn't help to go from a place where you feel angry to a place where you feel sorry for yourself. Carl Jung suggested that people could shift the perspective of their conscious attitude through speaking with a wise old man (or woman) in imagination. He said that you could even ask the wise old man about your dreams (which balance the conscious attitude that we identify with). He called this wisdom figure the million-year-old man. Jung said that the million year old man or woman is within us, as us, but deeper than who we think we are. So it's not the "who" that we are that society nor our experiences have shaped in our lives, but rather it's the wisdom and knowledge that we have inherited in our cells and psyches. As Krishnamurti said, we are the enshrinement of humanity. We're the result of millions of years of evolution. We take this wisdom for granted generally, but without accessing it consciously. Ira Progoff, in the *Intensive Journal* Method, developed an exercise for getting in touch with our inner wisdom through dialogue.

Make up a list of 4 or 5 people who could serve as inner wisdom figures for your "imaginary" dialogue. You will be choosing one of them to talk with. Now it can be said that it's not that we are channeling the "spirit" of these people. Rather, we're using their image to get in touch with our own inner wisdom. The indirect approach seems to work in that regard, until we have lived into that realm enough to come from there directly. It's not necessary to have the absolutely right inner wisdom figure, either. When you get into the dialogue, the figure that you have chosen may suggest a

different person to talk with. This is because as you relate to that figure, you allow yourself to touch a "deeper" level of consciousness - and you can see things differently from there. Actually, it's the inner wisdom figure that will see things differently and she or he will tell you about that. The person you've chosen should have these main attributes: she or he should be wise and loving. If you don't know anyone like that, pretend how he or she would be if you did. Imagine it's someone that you could freely tell everything to, without any concern of being judged. It can be someone you've known, or read about - an ancestor, or a figure from religion, the movies, mythology, etc. Some people use animals. Then it's simple - simply let yourself become quiet, and imagine the presence of the figure that you've chosen, and say hello. The figure is not there for you to worship, however, but to talk with. He or she reflects your own wisdom, of which you may not be aware.

Begin your dialogue, and let the dialogue continue itself. You speak for a while, and then let the other speak. Bring your present experience itself into the dialogue. For example, if you don't know what to say, you might want to say that. Write down the entire conversation. Remember to let the other speak; otherwise it's a monologue. It doesn't have to be profound. Like in life, let it be what it is. First a meeting, and then, perhaps the relationship can be continued. At different times you may want to talk with different figures. It's amazing how supportive and useful this can be. The range of information can be inspirational at one time, or very down to earth and practical, at another. Often inner guidance seems obvious - once you see it. It's not always necessary that there be words. Some of the most meaningful "meetings" have been in silence, sensing the quality of being - the atmosphere that the figure communicates.

In summary, the question, "which way now?" confronts everyone. While the methods described in this paper help to clarify our directions, all such methods depend on simply being present to the moment - and that presence allows intelligence, deeper than intellect, as Jean Klein would say, to reveal itself spontaneously.

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Brief Report

Sexual Addiction: Seen Through the Eyes of Trauma Firefighters as Facilitators of Reenactment

Maggie Waldron, M.A.[1]

Abstract

The purpose of this article is to explore the use of *Internal Family Systems therapy with those* who *struggle with sexual addiction, and to share observations about how firefighters often serve in some form as re-enactors of the trauma held by exiles. Is the firefighter's purpose to find a* way *of expressing trauma in code while looking for a resolution without having to expose the most vulnerable exiles?*

The second purpose is to share a technique called "The Box", which has been utilized in group therapy for sex addicts. This technique quickly assists individuals to identify their managers, firefighters, and exiles in a nonverbal, concrete, and symbolic Self expression. These are then shared with other members of the group.

Patrick Carnes pioneered the field of sexual addiction. He defines it as a "pathological relationship with a mood altering experience" (Carnes, 1992). Mark Schwartz (1999) of the Masters and Johnson Clinic in Missouri suggests that "we rename sexual addiction to reflect not its symptomatic manifestation of sexual compulsivity, but rather the roots of its origin: an attachment or intimacy disorder." He goes on to write that "sexual compulsion is the end point of developmental events that begin in early attachment difficulties with caretakers and subsequent overwhelming experiences the child is unable to handle." Carnes surveyed 233 men and 57 women who had spent five years in recovery. 97% reported being emotionally abused in their lives, 81% reported being sexually abused, and 72% reported being physically abused (Carnes, 1991). This disorder is clearly trauma based.

Having worked with both survivors of sexual abuse and sex addicts I repeatedly observe the phenomena of re-enactment. This may take the form of PTSD symptoms, incest survivors who are later raped or marry abusive spouses, or a sex addict whose specific fantasies or forms of acting out have within them encoded cues of earlier trauma. In Judith Herman's (1991) book *"Trauma and Recovery"* she writes, "The symptoms of PTSD simultaneously conceal and reveal their origins. They speak in a disguised language of secrets too terrible for words."

So why is this concept of re-enactment important? If we can learn to interpret it, it may assist in the retrieval of memory, which leads to resolution and healing. Normal memory gets laid down in the brain as "explicit memory" (Van Der Kolk, 1996). These memories have been metabolized and are often in the form of a narrative, using language, story, and images. Trauma memory is "implicit memory" (Van Der Kolk, 1996). These memories are somatosensory, often locked or frozen in the body without being processed; therefore no meaning making is possible.

In the Internal Family Systems model, aspects of a person, sometimes referred to as subpersonalities, cluster into three major categories of functioning; exiles, managers, and firefighters. The exiles are those parts of a person that contain the feelings, sensations, and beliefs of events that were overwhelming or threatening to the entire system at the time they occurred. These parts are often young, frozen developmentally, and frequently split off from conscious awareness. The managers and firefighters serve as gatekeepers of the exiles. They are parts that develop in response to the exile in order to keep the feelings and beliefs from being re-experienced, keeping trauma from happening again. Their role often causes them to function in an extreme manner to assure this safety by controlling the persons' internal and external environment. A firefighter, I propose, may also serve as a means of facilitating re-enactment, repeating over and over unresolved trauma, looking for a new resolution, hence healing.

It is only when we can access the exiles, who can remember, not reenact, the memory that we can help them, through the use of Self, to metabolize the trauma

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by having them tell their story and having it compassionately witnessed.

The Self, sometimes called the Soul, or the core essence of a person, is often displaced in trauma. The Self, with its qualities of compassion and curiosity, is the healing agent for the exile and the source that can bring the entire system back into balance and alignment. We are born with a Self that is whole and complete with all the wisdom and guidance that is needed to live fully.

I have observed story after story of my clients' acting out behaviors as clearly encoded cues of earlier trauma, my respect and appreciation for the firefighter role grew. They not only put out the flame of overwhelming feelings of the exiles, but they have the dual function, to send out an S.O.S. or reminder of experiences in such a way that does no endanger the entire system.

Two clinical examples are offered to help illustrate my point. The first is a 45-year-old male who presented with a sexual addiction manifested in voyeurism. He had been arrested for the second time, but had no convictions. In taking a complete sex history, as well as family and social history, his addiction became a clear re-enactment of earlier childhood trauma, and an adaptive mechanism to cope with overwhelming feelings. Joe (pseudonym) grew up in a poor family, with alcoholic parents. His parents would have huge fights in the evening, often over money. Joe, who also struggled with a learning disability, would escape the family tension and his homework that he felt at a loss to understand, by climbing a tree to his tree fort and waiting often until late at night when he knew his parents had passed out and it was safe to go back into the house and to bed. As it grew dark, he found he could see into peoples' homes, and observe how other families lived. Being shame based, he believed he was not good enough to ever have that. As he entered puberty, he began to sexualize what he observed, and found he could put himself into an altered state that rescued him from his current situation. This voyeurism continued to be both a way to escape, and yet express his deep sense of longing and shame that he was always on the outside looking in.

The second clinical example is of a man in his 30's who presented with a fetishistic addiction (foot fetish). His acting out consisted of compulsively masturbating to "teen-age girls' feet," that he would seek out to look at and fantasize about, He was seeking help because he had begun to masturbate in public places and was terrified of getting arrested. It had become a time consuming compulsion. His sex history, as well as family and social history revealed the following: Bob (pseudonym) had a severe learning disability and ADHD growing up. He attended a "special school" for part of the day. His peers in school taunted him with names such as "retard" and "fatso." He was often physically assaulted by being pushed into walls, and locked in lockers. He learned at an early age to avoid all eye contact because it drew attention to him and instead would hang his head and look at the floor. He remembers learning how to make himself invisible, leaving and going places in his mind. The majority of his youth was spent in terror and looking at the ground. With puberty, he sexualized what he saw, feet, and found masturbating a tremendously powerful way to an altered state and out of the situations he found himself a part of.

In addition to individual psychotherapy, group therapy for sex addicts is an important element of the treatment process. The most important value it offers is shame reduction. Hearing others' stories and knowing you are not the only one, allows for some the first safe connection of sharing. In group therapy, I have found that the use of the box technique, an experiential exercise that I read about in the addiction literature, accelerates each person's being able, nonverbally, to explore, identify, and symbolize his or her managers, firefighters, and exiles. It also assists in understanding how they function together as a system in regard to their roles and functions.

The exercise is presented by asking each member to bring in a box. On the outside of the box, they are to demonstrate in any form they choose (pictures, words and symbols) how they are aware of wanting others to see them. Inside the box, they are to demonstrate what they are aware of that others do not see, or get to know. For such a simple exercise, I have been amazed at the depth of insight and revelation it has revealed. One individual had a box with increasingly smaller boxes inside until the smallest box revealed his incest with words and symbols of family members, with core beliefs clearly phrased, and with feelings pouring out covering the inside of the box. This inner box was chained and padlocked. The key was also labeled with his recovery tools such as SAA, compassion and therapy, which he believes allowed him to get to this box. The gatekeeper of this incest box was his sexual addiction, which included words and symbols such as "gay sex is not carefree", "looking for love in all the wrong places" and "lonely and longing." He wept as he presented his box to the group. He became so aware of why he acted out in the manner he did, and how it related to his incest, that he felt a tremendous relief and an ability to shed much of the shame he carried. The group then processed how another's box had impacted them by sharing their feelings and thoughts, and then asking questions or sharing insights. It is often a group member that will notice that the absence of something is as important as what is there.

In conclusion, most addiction recovery programs follow the medical model with the treatment following the belief that the addiction is a disease to be eradicated. Using this as a metaphor, Schwartz (1999) refers to the Self "…as the embodiment of the healing capacity," or "…like the immune system inherent in our genetic programming and if not suppressed, maintains our health". With this in mind we can then view firefighters (sexual addictions) not as the disease, but as a symptom, such as a fever. A fever serves a twofold purpose. It alerts a person and/or professional that there is an infection going on in the body, and the fever is also a way to combat it. The exiles are the ones who are infected with the memories, beliefs and feelings. Left undetected, the infection will spread. The firefighters (sexual addictions) serves as a bridge to the source of the infection, but the fever if left to rage rampant can cause its own damage, i.e., seizures, dehydration, etc. Carl Jung (1983) writes that "…when a person gets separated from his/her instinctual nature, he/she is plunged inevitably into the conflict between their conscious life and the world of the unconscious, their undiscovered self." We must not just treat, medicate, or mask the fever (sexual addiction) but rather attune ourselves to what it is alerting us to, move toward locating the infection (or exile) and bring the full presence of Self (the immune system) to that location.

If symptoms arise as ways of getting our attention and wanting our recognition, then firefighters may be the somatic mediums in which they attempt to "…return us to our relational self while re-enacting the self destructive violence that exiled one from the larger self in the first place" (Gillian, 1991). If we meet firefighters (addictions) with the notion of overcoming, dominating, or ridding a client of them, then we do them a great disservice, and fail to discern their benevolent intent. Though extreme and often distorted, their mission may be essential in leading us to the exiles and ultimate unburdening and healing.

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Brief Report

Making Friends with the Food Nazi

Susan E. Halverson, Ph.D.[1]

Abstract

Many people struggle with dieting. This article provides an Internal Family Systems approach to overcoming behaviors that feel out of control, specifically compulsive eating. The three "parts" discussed by Internal Family Systems therapists, Managers, Exiles, and Firefighters, are briefly described. Self-talk is assessed and different ways of adapting that self-talk is presented, while making friends with your parts is highlighted.

When I was young I could eat anything and not gain an ounce. When I grew older, that was no longer the case. However society influenced me and I seem to equate "thin" with "sexy, attractive, and desirable". Over the years I dieted using all the tricks imaginable. I usually only had to lose 20 pounds, but I found that whenever I tried to diet, there was an internal part of me resisting. The more often I tried and failed, the stronger that part of me became. I came to call this part of me the "food nazi". Now I only had to allow the word "diet" into my head and the "food nazi" went to work, often causing me to gain weight, seemingly overnight. Finally, it was my blood pressure and cholesterol level that forced me to confront the fact that I needed a change. If I could successfully raise three kids as a single parent while getting several counseling licenses and my Ph.D., I ought to be able to loose weight, right?

My first step was to join Weight Watchers because they don't say the word "diet". I immediately became fearful because I could hear the "food nazi" gearing up for battle. It was saying things like, "You really need some gummy bears to keep in the car when you are driving because they taste really good, have no fat, and will keep you from being hungry so you won't eat as much." It was using diet talk but the result was that I would still be eating gummy bears, which actually increases my hunger rather than allaying it.

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Another example occurred in my conversation in my head as I was writing down what I ate. "Food nazi" was saying, "those few extra scrapes of butter don't have to count, heap the cup up and you can have a little more cereal for breakfast." It stunned me because I realized I was the only one who cared if I lost weight, and I was trying to hide the extra crumbs from myself.

At this time I was reading a little about Internal Family Systems (IFS) for a class that I was teaching. The IFS model has elements of two already existing therapy paradigms, systems thinking and the multiplicity and internal complexity of the mind (Schwartz, 2002). My own preferred counseling theory incorporates elements of Structural Family Therapy, Object Relations Therapy, and Spirituality. What I was reading resonated with my beliefs. IFS identifies and addresses the "parts" of you that form your internal family system which directs and influences what you think, say, and do. I wanted to send the "food nazi" packing, so I thought I would look in there for a "food ninja" that could defeat my "food nazi". Upon further study, and conversation with a Marriage and Family Therapy peer, I discovered that it is important for me to make friends with my parts and try to figure out what purpose or tasks they are performing for my well being. I figured that I wouldn't win if I tried to attack and banish the part because it was a necessary part of my internal well-being.

There are three common roles for parts: Managers, Exiles, and Firefighters.

Managers are the parts that try to keep me safe and functional. They work to control both the inner and outer environment so that I won't be hurt (Breunlin, Schwartz, & Mac Kune-Karrer, 2001).

Exiles carry the memories of all the painful traumas I have experienced in my lifetime. In an effort to keep these emotions, memories and sensations of humiliation, hurt, shame, loss, or fear from overshadowing my mind, the manager tries to keep these vulnerable and needy parts locked up in closets (Breunlin, *et al.*, 2001).

Now the *Firefighter* comes in. When my exiles are triggered and upset, my emotions threaten to flood and overwhelm me, so the firefighters come in to rectify the situation. They often act irrationally and impulsively but their job is to provide protection by overriding or dissociating me from the exiles feelings (Breunlin, *et al*., 2001).

I decided my "food nazi" was one of these firefighters, so I decided to make friends with my "food nazi" and see what happened. First, I realized that part of me didn't like the name "food nazi" because it was so pejorative and after all, it was a part of me. I thought about what that part was trying to accomplish for me. It was very concerned that I have pleasure and happiness in life. I had worked hard for years and sacrificed a lot of pleasure in my role as "forever student" and "single mother". After this internal conversation, I decided to rename the part "satisfier/gratifier (S/G) and thanked the part for taking care of my pleasures, and wondered if we could work on other ways to give me pleasure instead of eating. The most remarkable thing about the conversation was that the fear of dieting was replaced with a realistic idea of sacrifice that I found acceptable. I was no longer fearful that sabotage would wreck my attempt.

My internal conversation has now changed. Instead of fudging (no, my mind isn't on food much) in the direction of eating a little bit extra that I don't count, I hear my S/G say things like, "That doesn't taste as good as I thought, and even though I counted it for my meal points, I don't have to eat it all. The satisfaction is in stopping because I can. I don't have to employ trickery to find pleasure. If I go out and want very much to eat something, my S/G says, "Go ahead, we will count up the points, get back on track tomorrow. If you only eat half, you can eat the rest tomorrow, and that would be twice as good."

Conclusion

So, will I lose weight? I hope so. I want to be healthy. I exercise and find ways of scheduling that exercise as often as possible. The relief I feel comes from the loss of fear that I will sabotage myself, and that there is something that can defeat me when I set a reasonable goal for myself. I try not to carry on that internal conversation out loud so people will not think I am nuts. (Whoops there I go again). The discovery of IFS has opened a new way of looking at my internal conversation. As I become aware of the exiles in my life, I can bring those losses and hurts to light so that they can heal. As I gently expose the exiles, the firefighters no longer need to become activated. Hidden "parts", when exposed, become integrated with my true knowing self and I become more in touch with the soul I meet in the center of my being.

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Brief Report

IFS and Mindfulness Meditation

Paul Ginter, Ed.D.[1]

Abstract

Although the Internal Family Systems (IFS) model of psychotherapy and the tradition of Mindfulness Meditation (more traditionally called Vipassana) have strikingly different origins, these two practices possess several dimensions that are particularly complementary. Whether seen as separate vehicles for creating many of the same outcomes, or as ways to facilitate the work of the other, both can serve as powerful tools for healing and self-growth. Mindfulness meditation is a very effective tool for facilitating two important goals of IFS work - namely, creating balance within the internal system and promoting Self-leadership. At the same time, IFS work can serve an essential function in the path toward mindfulness by providing a mechanism for dealing with parts that prevent some people from being able to be present in the moment.

To fully understand the complementary nature of IFS and Mindfulness, it is first necessary to identify several key features of each of these methods for growth and healing. Central to the Internal Family Systems model is the concept that parts, or subpersonalities, exist within each of us, and that these parts can be worked with in ways that allow for our core Self to assume a leadership position. Such an arrangement is assumed to be desirable because the Self is capable of being consistently compassionate and non-judging. Without Self Leadership, conflict between our parts often leads to internal polarizations (e.g. a part of us may be pushing us to take on new challenges, while another prefers to leave things as they are). By helping such polarized parts to be less extreme, it is easier for the Self's qualities of compassion and non-judging to become evident, as those parts are not working so hard to protect the system from moving too far to the other end of the continuum.

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Additionally, the nature of the Self is such that it assumes a meta-perspective, thus avoiding getting caught up in moment-to-moment dramas. While parts of a person can be experiencing extreme thoughts, beliefs, and/or emotions, which distort perceptions and create suffering, the Self provides the capacity to step back and see a broader context, offering balanced, clear understanding.

Interestingly, the IFS model's descriptions of being in one's Self are remarkably similar to descriptions of the desired state of consciousness pursued in spiritual practices such as Mindfulness Meditation. However, as opposed to separating subpersonalities, the vehicle of mindfulness practice involves paying attention in a particular way to what is going on in the present moment.

To understand this practice it is helpful to consider the teachings of Zen Master Thich Nhat Hanh, perhaps the world's foremost Mindfulness teacher (Nhat Hanh, 1996). He suggests the following meditation: "Breathing in, I know that I am breathing in...Breathing out, I know that I am breathing out." Simply paying attention to the experience of inhaling and exhaling brings people to the present (as we can only breathe in the present). When the mind wanders, the practitioner gently, without judgment, brings it back to the breath. For example, as I feel the air go into my nostrils and down my throat, fully experiencing the sensations of the breath, my mind will eventually wander elsewhere. If I were to begin thinking about getting something done at work, I might then simply label that experience (e.g. "planning" or "thinking") and then go back to breathing in and out. Whatever the experience - thoughts, emotions, physical sensations, etc., the practice involves noticing it without judgment and then returning to the breath (or other points of focus).

Although this practice appears to be very simple, it can be challenging to alter habitual patterns of the mind dwelling in the past or future. The more one can live in the present moment, however, the less likely he or she will experience the suffering, which occurs from worrying about the future or being stuck in the past. Also, the more one can be present to what is actually happening in the moment, to be in touch with what is

really real, the more likely he or she will enjoy an experience of connection which is very rich and fulfilling. This quality of presence resembles that of being in one's Self, or establishing a state of Self leadership described in the IFS model.

Thus, practicing Mindfulness can be not only healing, but also serve to facilitate IFS work. Coming back to the present moment is, in essence, elevating the Self to a position of leadership. This occurs for several reasons. To begin with, unlike parts, which may be preoccupied with the past and future, the Self resides in the present. This is not to say that one cannot think about the past or plan for the future while in the Self, but that the very state of awareness that characterizes the Self is one that is always grounded in the here and now. Therefore, to bring attention totally to the present, is in many ways synonymous with bringing one into a state of Self leadership. Also, mindfulness practice typically develops a greater capacity to respond to whatever is happening (compulsive thoughts, fear, anger, boredom, joy, etc.), with a quality of mind, which is non-judging. Again, this description is one, which also characterizes qualities of Self-leadership.

In the same way that mindfulness practice can cultivate states of mind which allow easier access to IFS work, "parts work" can facilitate, and may even be a necessary predecessor to mindfulness practice. If a person has a part, which is extreme, he or she may find little interest in practicing mindfulness because it is too challenging. To illustrate, a man could have an anxious part, which creates racing thoughts. In addition to the mind being so active that it is difficult to stay focused on one thing such as the breath, he will most likely have a part, which judges him for having the racing thoughts. In this situation, it would be wise to work with these parts until they are less extreme. Specifically, it would be helpful to discover how the part maintaining racing thoughts is protective in some way. For example, racing thoughts may protect the person from experiencing extremely vulnerable parts, which have been pushed away.

The tendency to distance ourselves from aspects of us that are difficult to face, presents another area, although conceptually described differently, in which IFS and mindfulness share common ground. Mindfulness teaches that it is the nature of the mind to either push experiences away because they don't feel good, or grasp too tightly to experiences that are pleasurable. The mindfulness practitioner works toward neither pushing away nor grasping experience, but to be present with it. This is not unlike a description of the relationship between the Self and a harmonious system of parts. Systems function less effectively when parts tend toward too much blending with the Self, or toward being pushed away too far (being exiled). In this way, mindfulness meditation and IFS work both *serve* to facilitate an awareness which is capable of being present with aspects of ourselves without becoming overwhelmed by them. We come to know that we have anger, sadness, and confusion, greed, etc., but at our core, we are not those things.

Another quality of Self, which is cultivated by both mindfulness practice and IFS is that of curiosity. When a person is in a state of Self leadership, there is typically a sense of curiosity about various aspects of the internal system. Likewise, when practicing mindfulness, one is advised to notice experience with a sense of openness and fascination. It is, in essence, to be stepping back and asking questions such as, "Isn't that interesting that I'm feeling anger right now. I wonder what that's all about?" Asking these questions is not about actually finding answers. It is to be open to possibilities, and in IFS terms, to be separate from the part. This state of awareness is sometimes referred to as "beginner's mind." In this state, one has the capacity to see things as a child, as if for the first time, with a sense of awe and wonder.

A final similarity of great importance to both IFS and Mindfulness is that they are each strongly embedded in a systems model. With IFS, there is the understanding that if one part changes, it will inevitably affect other parts within the system. Likewise, the concept of interbeing in mindfulness suggests a profound level of connection between all things. In this way, both IFS and mindfulness promote an awareness, which finds value in cultivating compassion for ourselves and for those around us.

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Book Review

A General Theory of Love

Reviewed by Suzan McVicker, M.A.[1]

A General Theory of Love is to Self Leadership as crimson is to valentines. A red-hot missive from the hearts of three psychiatrists, the book took sixteen years to write. Lewis, Amini, and Lannon cast science into a personally engaging, poetic letter to the reader. Their quiver of academic arrows loosed from several fields of brain research supports the therapeutic process described by clients working with therapists trained in the Internal Family Systems (IFS) model. Love is no less, the authors believe, than the "life force of the mind". The templates for relationships spanning the range of expressions of love are absorbed into human physiology. Identity is determined and then stored in the mind. *A General Theory of Love* focuses a picture of the crucial nature of love and its centrality in a complex interweave of multilevel systems of body, mind, and spirit.

Throughout history descriptions of love have flourished only in the province of the arts. Religion and spiritual traditions taught aspects of love as the preferred pathway. Empirical research emerged, however, only in the last decade as science finally produced enough data to point straight to love's critical role in brain function. Lewis, Amini, and Lannon's discussion of "love's three neural faces—limbic resonance, regulation, and revision—constitute psychotherapy's core and the adult mind's capacity for growth" portrays IFS therapy. The trio of psychiatrists underscores how therapy must create enough closeness and safety through relatedness to balance and stabilize. "When a limbic connection has established a neural pattern, it takes a limbic connection to revise it."

Revision of burdens absorbed by parts of the self is one aim of IFS therapy. Balance and regulation within the inner systems of the self and parts is then possible. Direct experience transforming parts' burdens informs the IFS practitioner of the power of love. And the power of love denied or neglected. The emotional principles governing parts experiencing acceptance and ultimately love appear to be inexorably tied to neural development. Science becomes clarifying, indeed unburdening when the restorative medicine of connectedness through compassionate witness is explained in terms of reversing attachment disorder by changing the messages of neurons. The application of scientific research in examining the inner world paralleling the external world is affirming and hope-giving.

Sagacious reasoning from of the neo-cortex region of the brain, the arts over the ages, and the cutting edge of science cannot yet lend us full understanding of love. Lewis, Amini, and Lannon hit their mark by collecting evidence for the need of a paradigm shift in human relationships. From their book's bulls-eye the next archers can pull the beautifully crafted arrows of these pioneering psychiatrists. New points can be sharpened with research arising from the IFS model. Intrapsychic relationships, intimacy, and social relatedness can be illuminated through brain studies that speak the model's approachable language. Revising relationships among the self and parts can be demonstrated to revise physiology. Love will become equally at home in scholarly journals as it has been in valentines.

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Journal of Self Leadership **2006** **Volume 2** **ISSN# 1545-2700**

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Editors' Introduction to Volume 2

Ralph S. Cohen, Ph.D.[1] and Gregory J. Johanson, Ph.D.[2], Co-Editors

The Internal Family Systems$_{sm}$ (IFS) model is gaining wider attention in the psychotherapy and academic worlds, as evidenced by the proliferation of training programs across the United States and internationally, national conferences and workshops, and therapists listed on practitioner directories as "IFS Therapists" (see listings at www.selfleadership.org and www.internalfamilysystems.org.)

IFS is also being recognized as one of the major models used as a successful treatment for trauma and is being represented more and more as such at conferences in the trauma field (see www.afta.org/ conferenceorg/ html; www.naswmt.com/continuinged.htm; www.Hakomi institute.com/conference;www.traumapages.com/support.php; www.issd.org/Conference2003/contributors.html; www.edpinstitute.com/Presentations%20and%20Workshops.html; www.selfleadership.org/trn_master_cal.asp for examples).

The power and effectiveness of the IFS model thus far has been demonstrated mostly through demonstrations of clinical work at workshops and conferences and through self-report by therapists and clients. As most of those trained in the models tend to be practitioners rather than researchers (Schwartz, personal communication, 2005), there has been a dearth of literature on empirically testing the reliability and validity of the model. The first volume of the *Journal of Self Leadership*, published in 2003, represented the beginnings of efforts at providing theoretical perspectives from those other than the author of the model, itself; peer-juried accounts of the use of the IFS model; and empirical tools for validating the model (Cohen & Johanson, 2003).

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This second volume of the *Journal*, two years in the making, represents a collection of further efforts to explore and expand the IFS model since the first volume was published. In this edition, we offer a wide range of theoretical, empirical, and clinical perspectives.

In the section on *Theoretical Perspectives*, two articles are offered to provoke thought about the model. First, Idene Goldman provides, via a description of her own personal journey through the labyrinth of the mental health system, an IFS-based perspective on mental illness. Scott Thompson presents a comparison between the Psychosynthesis and IFS models on the concept of "multiplicity of the mind".

In the section on *Research*, Lia DeLand and colleagues offer a new empirical tool for identifying and quantifying the concepts of "Self and "Parts", which was rigorously developed through scaling techniques and factor analysis. Drawing on his own work in the field of "workaholism", Bryan Robinson and his colleagues utilize the Self Leadership Scale developed by Steinhardt, et al. (2003) to explore the relationship between the IFS concept of Self leadership and workaholism as a "firefighter" behavior.

In the section on *Clinical Practice*, four articles explore different corners of the world of clinical application of the IFS model. François LeDoze, a French Neurologist, reports on two cases of migraine headaches that have successfully been treated with IFS therapy. James Bruce provides a cross-cultural perspective on working as an IFS therapist. Heather Lagace describes her work in addressing developmental aspects of parts frozen by trauma or devaluing experiences in her clients' histories. Finally Christopher Pino offers a preliminary description of his use of the House of Feelings Test in working with children in the IFS model.

We wish to thank the authors of this volume for their contributions to advancing the knowledge and thought base of the Internal Family Systems model. We hope that these articles will encourage others to conduct research, to experiment clinically with the model, and to document their work for colleagues to benefit from.

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Center for Self Leadership Website: www.selfleadership.org

Internal Family Systems Association Website: www.internalfamilysystems.org

IFS: A Non-Pathologizing Approach to Mental Illness
A Personal Journey

Idene Goldman[1]

Abstract

A client, once diagnosed as bipolar and psychotic, the author tells her story of the IFS model's impact on transforming her quality of life. Once a successful high school teacher, and now an independent trainer/ consultant, she has always pursued her interest in the study of psychology. Her natural passion to understand the choreography between ones inner world and outer reality, she is able to describe her own experience in IFS terms. Opening with a brief summary of the model as it relates to single and multiple systems, she uses herself as a case study to emphasize the most crucial aspect of why IFS can heal some severe mental health challenges. The model accurately and compassionately reframes pathological symptoms and labels of mental illness as "extreme parts," fully capable of healing and transformation.

Introduction

Based on the therapeutic model of Internal Family Systems (IFS), developed by Richard C. Schwartz, Ph.D., all individuals have at their core what is defined as the "Self:" The presence within, who can witness the comings and goings of thoughts and emotions with healthy detachment. The intrinsic qualities of Self include compassion, clarity, curiosity, confidence, courage, and a sense of calm, and can transform emotional wounds and negative thoughts from the inside out.

Emotional wounds and negative beliefs are fragmented "parts" of the Self, which break away from their core at the time of wounding. They are the internalized beliefs and behaviors of ones original external family, or surrogate family circumstance, and thus, the name "Internal Family Systems." Broken parts can, individually and collectively, block a person's ability to find and stay connected to his or her center or Self – thus rendering the internal system helplessly at the mercy of its fragmentation, and driven in thought and behavior by pain and misunderstanding. The goal of IFS work is to heal and realign the wounded parts with the Self, and thereby, come into an ever-increasing state of "Self Leadership."

Parts fall into two categories: 1) wounded victims who need protection, called Exiles, and 2) the Protectors of those exiles. There are two categories of Protectors: 1) Managers, who keep the exiles' pain suppressed by using overriding and compensating behaviors that "manage" and maintain control in the system, and 2) Firefighters, who distract the system's attention away from exiles' pain by using behaviors that are most often characterized as addictions. Both managers and firefighters assume their roles in what seem, at the time, in the individual's best interests towards survival, but continue at their jobs long after the system may need their protection.

Were parts measured for functionality, they might be calibrated on a continuum from healthy/harmonious and synchronized with Self, to severe emotional dysfunction, evidenced by extreme behavior, harmful to oneself and/or others. The average, emotionally healthy individual seeking personal equilibrium will discover a single internal system comprised of a Self, and a multiplicity of parts that reflect varying types and degrees of actual and/or perceived trauma. (FIG. 1)

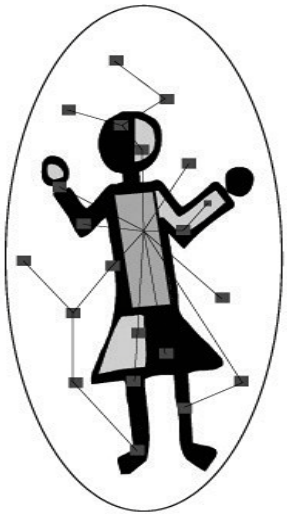

FIG. 1

[1] ***The author conducts an educational consulting practice, which serves individuals and organizations. She incorporates the IFS model into her workshops and one-on-one meetings. She has presented her history and learning to groups of mental health professionals, and meets with families and individuals who receive support from her experience.***

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When trauma is experienced with severe intensity, the resulting parts may not only fragment from the main internal system, but may split further off into one or more separate, additional systems of protection; i.e., a multiplicity of systems **(FIG. 2).** The mental health field identifies the symptoms of these individuals in categories such as bi-polar, psychotic, or schizophrenic – based on observable speech and behavior patterns that diverge from what society generally agrees to as "normal." Seen from the viewpoint of the IFS model, these multiple systems are comprised of the same exiles, managers and firefighters found in an average emotionally healthy single individual/system. Therefore, these parts are much less pathological than simply, "extreme," with the true potential for healing and a return to Self. The individuals with extreme systems may or may not require 1) institutionalization for protection from their own activated extreme parts, or 2) medication to sustain sufficient Self energy for a continuity of healing. Medication and/or institutionalization can provide support, but need not necessarily be part of a lifetime treatment plan that holds no vision for transformation. What ***is*** required is the presence of a professional who is grounded in his/her own Self-energy and, therefore, emptied of a judgment of doom for the labeled client. In its place comes a patient compassion that holds the space for the client's wholeness. Although a longer healing process may ensue, given the multiplicity of systems and parts, recovery can be accomplished, over time, for many individuals who might not otherwise be aware of, nor offered the hope and possibility of transforming their life experience.

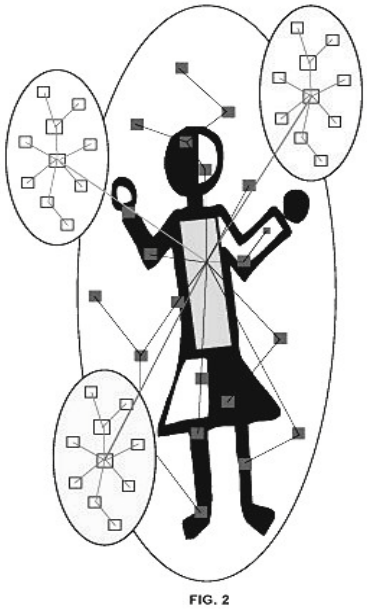

FIG. 2

Individuals with multiple systems may or may not be aware of their additional and separate worlds, or may cycle in and out of such awareness. Some exhibit the behaviors of their so-called "psychotic worlds" while others assume behavior that "looks normal" by using managers or managerial systems that can mimic the qualities of Self. Such "Self-like" parts/systems, 1) protect wounded parts from painful exposure and 2) create the appearance of external normalcy, so the individual can function in the outer world, even as s/he navigates the cacophony of locked up, denied, and suppressed thoughts, feelings, messages or voices within.

An individual can heal multiple systems when s/he gains enough Self-perspective to admit the need for help. At that point, one wounded part at a time, i.e., one emotion or thought at a time, s/he can work to return to Self Leadership. The IFS process not only can help accomplish the healing itself, but can also bring the individual to the first step of gaining a minimal sense of Self, necessary to begin healing.

A Personal Journey

What follows is a brief review of my own process, offered as a case study: **(FIG. 3)**

The trauma of childhood sexual abuse, including an unreported rape at the age of four, eventually resulted in an extreme split from my primary internal system. Imbued with the unconscious belief that I was "very bad," the resulting wounded "exile" fragmented itself to a new and separate world (System 1), building a fortress of protective managers and firefighters to keep the pain and extreme shame hidden for years. Compounded by emotional and verbal abuse, a family emphasis on the love of food and the need to be thin, plus a gridlock of additional, confusing, mixed messages in the early environment, the real world became an increasingly dangerous place to live.

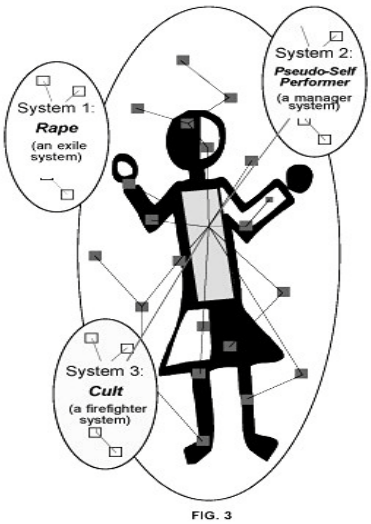

FIG. 3

Taught to show others a perfect family image, which could never reveal the truth of what happened behind closed doors, a second world of skillful managers developed to cover-up and compensate for my "disappearance." Speaking and behaving in the exact right ways to please all possible caretakers, no one could detect the performance in constant progress. I was the consummate actor, able to turn away from my own real thoughts, needs, concerns and confusions, in order to portray the perfect image of a Self and family. The actor played the Self so well, receiving the much needed approval and breath giving assurance that I deserved to be alive, that all were fooled – parents, brother, teachers, friends, and most of all, myself. This Self-like system (System 2) knew how to make me look good and say the right thing at the right time, while working to manage the suffering internal effects of the sexual, verbal and emotional abuse.

As an adult, repeating the family pattern of staying busy, work became the perfect refuge to perform and pursue approval. I obsessed on whatever I did, losing all reasonable boundaries around time, money, sleep, diet (anorexia and binging), and exercise (used as an addiction rather than as a way towards health). Though "successful," as in knowledgeable, articulate, impactful, and respected by my peers, my career was a hiding place, an addiction in itself. Despite immense productivity and accolades, I experienced countless cycles of financial success and failure, of energetic highs and crashes, no real joy except through mania, and literally no satisfaction of long-term self-sufficiency.

Vulnerable and fully susceptible to outside influences that supported my inward retreat and outward charade, I became immersed in a cult-like organization, where the core commitment to inner contentment was lost in the young group's misguided behaviors. The externalized, misinterpreted principles perfectly affirmed my already distorted beliefs in System 1: *"I don't belong in this world and there is a way out. I can finally transcend it, or die."* And so, System 3 was born to enact a new ethereal purpose, guaranteeing a systemic distraction from addressing the original trauma of System 1. In this third world of firefighters, I was freed from the chains of earthly bondage, without need for material concerns, giving away all money earned, and learning that my only relationship needed to be with God. Family was only a vehicle to provide me with the temple of a body, meant only for the purpose of serving the Lord. Authentic relationships could never succeed, and a growing isolation that included celibacy, the blind practice of rituals, and a retreat from most worldly activities except tunnel-vision work, supported my unhealthy dedication to a higher power. It was only a matter of time before the systemic denial of my physicality and emotionality would erupt in a psychotic expression of unrestrained firefighters, and a mutiny of repressed managers and crushed exiles.

System 3 ran amok in its pursuit of impossible, transcendent perfection. Eventually captured and straight-jacketed by healthcare workers hired by my parents (which admittedly saved me from one of my many hallucinatory misadventures), I was committed to an inpatient psychiatric ward, medicated and administered a program of electric shock therapy (ECT). Stuck in an inner sea of molasses, I was unaware of my name and history (accomplishing the goal of no-identity or ego), reduced to a concentration camp skeleton of anorexia (victorious over the enemy called food), and jogging in place around the clock (proving my strength and stamina to the demons inside who said I should die). A psychiatrist visited me in the ward for 1/2 hour once a week. After a few ECT treatments, I was able to join the rest of the patients in Tuesday swimming field trips, and Thursday bowling. Otherwise, we met on a daily basis, ages 18 – 80's, where everyone's parts jabbered simultaneously, without any feeling of direction or hope.

When I overheard the doctor order more ECTs "for good measure," I determined to escape from an institutional lunacy that I perceived as far worse than the lunacy in my own head. In retrospect, I believe my Self and my Spirit partnered to save my life, because as hard as the next many years would be, I felt sure that I would have otherwise been forever lost in an external system of misguided care, however sincere. During one of my permitted leaves to spend time with my parents, I secretly arranged to never return to that building, receiving help from friends who were unsuspecting of their roles in my escape. Rejecting all medication, I cleverly went to a warm southern state, briefly lived in the streets, and befriended angel after angel who took me into their homes and hearts, until over the next 20 years, my managerial system had created a new and more acceptable charade of functional, survival behaviors.

Eventually back living and working on my own, I had successfully climbed out of the physical dungeon of the hospital and, literally, into the sun. I believe that ECT sufficiently defused the mis-wired, disconnected parts from their extreme stances. Although clearly not relieved of their burdens, the parts did recede underground to a less violent dungeon that secretly managed the voices and hallucinations from Systems 2 and 3. In the last decade, I healthfully chose to go back on medication, having matured enough to recognize and admit that if a drug could help me experience more Self and less inner vigilance, I would be foolish not to benefit. After some trial and error, Risperdal lowered

the volume of inner noise and increased my sense of place in the world.

Those years prepared me for a life-changing event in January, 2002. The movie, *"A Beautiful Mind,"* so accurately held up the mirror of my agonized inner reality, that I had no choice but to acknowledge my need to emerge. The reflection of John Nash's struggle and the illustrated truth of his secret systems crystallized my determination to finally expose my own – but it was my choice this time. I experienced an uncontrollable meltdown in the theater, grateful for so few patrons at a weekday matinee, and for my mom and best friend there to support each side of my shaking body. Terrified beyond description, yet simultaneously thrilled beyond any joy I had known, I knew the gig was up and that everything would change forever. In an instant, I understood that all previous and plentiful therapy had been intellectual education for the managers, and though I would come to appreciate them for having kept me alive, I could see that with all my hard work, I had yet to know genuine healing. Healing meant integration of the separate systems back into the "real world' and into my Self. I could never be satisfied simply keeping the voices at bay, as did John Nash, in my opinion. Instead, it meant full recovery, which I trusted was possible from a previous eight-month experience with the IFS model.

Nothing was ever as terrorizing as that first moment of recognition, not even when, one by one, I faced the scary managers and firefighters who had masqueraded as voices, urging me to take my life, or as hallucinations that represented abusers, real and internalized. The IFS process moved me *into and through* my suffering, an experience ultimately far less painful than resisting the release of burdens. Talk therapy's analysis and intellectual understanding alone, though certainly helpful at times, often ended up supporting the tricky ploy of parts who, though yearning for authentic change, were habituated to avoid it. So many broken parts had worked inordinately hard throughout my life to protect the numerous traumatized little girls, who in the safety of Dr. Schwartz's Self energy and my own, emerged for the first time in 50 years.

Paradoxically, I am now grateful for the very behaviors and beliefs that I had once judged, hated, and hidden from others and myself. In pure innocence, their misguided efforts were only meant to protect me, and in the case of the managerial, self-like system, had kept me alive and functional. Left to the exiles alone, suicide would have been successful. Finding compassion and appreciation for my own parts, modeled by a professional who was much more a teacher and mentor than someone otherwise called a therapist, had produced a momentum of healing that continued between sessions and has become a way of being. I remember my very first appointment with Dr. Schwartz. I leaned forward in my chair, glaring at him intensely, and said, "If you can't tell me that what you're about to do or teach, won't internalize in me to the degree that I won't have to depend on coming to you for the rest of my life, then let's not even get started." Without moving a muscle, other than softly closing his eyes as he nodded once, he disarmed that first exposed part in me, and I am here to share this story.

Within one year, I had disassembled and realigned countless fragmented parts in Systems 1, 2 and 3 **(FIG. 4).** This required persistence and is ongoing, but as of this writing, I am living in *this* world. I am addressing the issues of someone who lives here on earth and in a body. They are the issues most developmentally delayed (intimacy, finances, nutrition) by the demands of the other systems. The painful addiction to work is being transformed into a more pleasurable and productive means of building self-sufficiency. That process is much slower than parts of me would like, but I am steady and methodical, so as not to fall back into old, harmful behaviors that may look good on the outside, but are not the real thing. I called a meeting of my remaining immediate family, our truth telling facilitated by Dr. Schwartz. We gratefully chose to try and unite, rather than separate forever. I have received both emotional and financial support from the very individuals who were once real and perceived abusers.

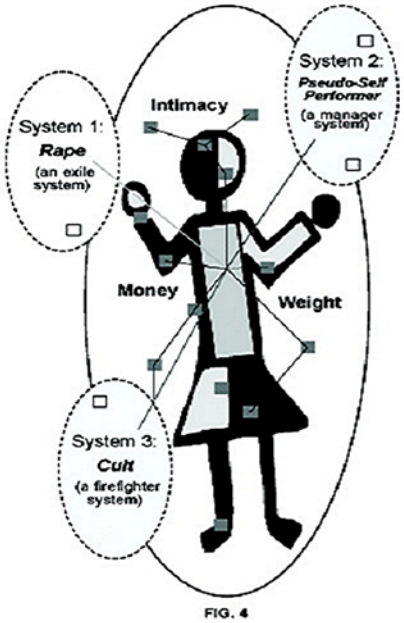

FIG. 4

I am in awe of the psyche, and of the spirit and genius of all who are willing to face their demons and do the real inner work to transform them back into the love that is our birthright. I am in gratitude to the healers who are committed to their own growth *first*, because only then can they sit in the patience and compassion needed to

witness the rest of us heal ourselves. I am humbled by my own spirit, who kept choosing to see and to live, when only struggle, pain, and confusion seemed the substance of life.

I ask the mental health community – professionals, families and friends alike – to recognize that your ability to heal others or simply care about them, especially those with multiple systems, is only as great as your willingness to explore your own inner systems. Please don't lock us away, drug us out of focus, judge our behavior, or write us off. Do what you must for our safety, including locks and medication, but please don't begin to imagine it as a cure. Our cure, and it exists, will come from our own courage to heal, and because you are also brave enough to find your authenticity and provide the confident energy we need to have around us. You will weather our storms, our weirdness, our pain, our setbacks, and our growth, because you are weathering yours. You will appreciate our worth, our vision, our brilliance, and our passion because you are on intimate terms with your own. You may see yourself in us, because we are you, often simply an extreme of the very same experiences and fears within you. We may also reflect who you are in our will to survive and thrive, and know joy and love. And so, we have much to teach one another.

After two years off from professional work, the author reopened her educational consulting practice, which serves individuals and organizations aligned with her mission to "synchronize who you are with what you do." She is an instructor at the University of Chicago, teaching a program she developed called "Aligning Life and Livelihood," and incorporates the IFS model into her classes, workshops, and private client sessions, having completed the IFS Basic Training, and become a Program Assistant. She has presented her history and learning to groups of mental health professionals, and meets with families and individuals who receive support from her experience. Individual therapists bring her into sessions to help infuse hope in those clients who are where she has already journeyed. She enjoys her work with a far greater balance of leisure and social activities, and appropriately retreats to her full-time and much loved country home, an hour outside of Chicago. She has been off of all medication since June of 2003.

Feelings Have People Too: Psychosynthesis and Subpersonalities

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Abstract

This article provides an introduction to the subject of subpersonalities from the psychology of Psychosynthesis, developed by Roberto Assagioli, M.D. He is credited as the first person to formally use and work with subpersonalities. The article suggests ways in which we experience subpersonalities, highlighting possible origins, providing a cursory trail to follow their expression throughout history, and indicating how counseling and psychotherapy have thought about their healing, growth and transformation. Finally, the stages of subpersonality work in Psychosynthesis will be outlined.

Introduction

What if the feelings you experience, particularly ones that seem to be unwanted or "come out of the blue," actually belong to another person inside of you? What would the implications of this be? Relief? Skepticism? Disbelief? Curiosity? This article supports the hypothesis that indeed, "Feelings Have People Too." It will provide an introduction to the subject of subpersonalities by suggesting ways in which we experience them, highlighting possible origins, providing a cursory trail to follow their expression throughout history, and indicating how counseling and psychotherapy have thought about their healing, growth and transformation. Finally, the stages of subpersonality work in Psychosynthesis will be outlined. Since its inception in 1908, Psychosynthesis continues to be at the leading edge of spiritual development and personality integration. It is a singularly distinctive Western model of psychology that incorporates the spiritual dimension of human nature and contains a brilliant map of our internal system and a comprehensive structure to contact, intervene, heal and ultimately harmonize our subpersonalities around a central Higher Self for more effective functioning.

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The Experience of Subpersonalities

For many years I lived with the pain of conflicts between different aspects of myself. When in the grip of some powerful feeling state or some irrational thought process, I thought I could do nothing but ride out the storm. I seemed to feel relief when these somehow passed through me. Some thinking or feeling states seemed to last longer than others, while some felt like a permanent part of who I was as a person. It was during these "moments" that I tended to indict my whole self for what only part of me was experiencing. It has been through the work of Psychosynthesis that I found a concrete way of experiencing and assisting the transformation of these "parts" of myself.

Pierro Ferrucci writes, "One of the most harmful illusions that can beguile us is probably the belief that we are an indivisible, immutable, totally consistent being. We can easily perceive our actual multiplicity by realizing how often we modify our general outlook, changing our model of the universe with the same facility with which we change dress. Thus, life may appear to us any time as a routine, a dance, a race, an adventure, a nightmare, a riddle, a merry-go-round, etc." (Ferrucci 1982, p.47) He goes on to say that for each of these models there are "corresponding self images and sets of body postures, gestures, feelings, behavior words, habits, and beliefs. The entire constellation consists of miniature personalities, or as we call it in Psychosynthesis, subpersonalities" (Ferrucci 1982, p.47).

Most of us had the experience at one time or another of acting out of character with our normal expression of ourselves. We often use the expression, "I don't know what got into me," or "That is so unlike me." Think about what you are actually saying. This is

usually seen as a negative experience. We sometimes act in ways that we do not like or that go against our interests, and feel unable to change this by an act of will or a conscious decision. Sometimes this lasts as long as the particular situation lasts and sometimes it feels like it is a more permanent part of ourselves. Elizabeth O'Connor writes, "If I say 'I am jealous,' it describes the whole of me, and I am overwhelmed by its implications. The completeness of the statement makes me feel contemptuous of myself." (O'Connor 1971, p. 3)

The question of whether there are parts of a person that can be talked to and worked with as if they were separate little personalities with a will of their own is one which has fascinated nearly everyone who has had to work with people in any depth. Phrases like, "On the one hand I want to…. On the other hand I don't," are common clues that more than one system is at work. Our socialization, however, leads us to believe that a person has only one mind. We are educated to think that though a person has many divergent thoughts and feelings, they all come from a unitary personality. I believe it to be an unnecessary simplification of our internal reality. A consequence of this is that many people have felt poorly about themselves because they believe that the many extreme thoughts and feelings they have are the sum total of who they are. We do this individually as well as in our culture at large. There is often a ruthless condemnation of people who get caught behaving out of character with our social expectations. We then identify them with that extreme behavior. Likewise, in our clinical work, it is very common for us to say, "I am working with a 'borderline' or a 'depressive'." We often place our focus on an extreme feeling, thought or behavior pattern and then relate to the person as if it were their most basic manifestation of themselves. Despite our culture becoming more open to the idea of multiplicity being a natural state of the mind we still pathologize it in order, I fear, to steer clear of the negative connotations or implications this brings.

History of the Concept of Subpersonalities

The existence and expression of subpersonalities has a long rich past and a short history. This phenomenon of multiplicity of the mind has been written and spoken about throughout the ages. In early cultures priests, witch doctors and shamans were aware of altered states of consciousness and spirit possession. During the time of both the Egyptians and the Greeks there emerged a phenomenon known as "sleep temples" where altered states of consciousness and hypnotic suggestions were common. The Roman and Greek pantheon of Gods and Goddesses has been thought of as projected subpersonalities. One of the earliest written documents is an Egyptian text of a dialogue between a suicidal man and his soul (Hannah 1981). Plato, in "The Republic" speaks of three parts of the psyche, one of them being a charioteer. In the Middle Ages, St. Augustine wrote about the problem of the unity of the personality and moral responsibility for acts committed by a "secondary personality." Work in the 1700's and for 150 years after that dealt with the dichotomy of conscious and unconscious mind and was explored by mesmerists, magnetizers, and others. At the turn of the century, William James talked at length about social selves, and reckoned that people had many social selves, each of which could be called up in an appropriate situation (Rowan, 1990).

As psychotherapy appeared in the early part of this century the following descriptions were used to describe this inner state of mind:

Freud - ego, id and the superego
Jung – complexes or archetypes
Berne – ego states
Lewin – sub-regions of the personality
Perls – Top dog and underdog
Klein and Fairbairn – internal objects
Tart - identity states
Winnicott – false self and unreal self
Gurdjieff – little I's
Ornstein – small minds
Gazzaniga – agencies within the mind (Rowan, J. (1990))

Other language sets include: Multiple "selfing", energy patterns, community of self, subselves, sub-identities, possible selves, self-schemas, prototypes, alter-personalities, deeper potentials coming to the surface, emotionally divided self, hidden observer, child in the patient, imagoes, imaginal objects (Rowan 1990, p. 8). From all of these have emerged many attempts to define this inner reality and natural capacity of the mind.

Three astute thinkers and practitioners offer useful working definitions of "subpersonalities". John Rowan, a psychologist, defines subpersonalities as "a semi-permanent and semiautonomous region of the personality capable of acing as a person" (1990).

Richard Schwartz, a family therapist, writes, "By 'part' I mean not just a temporary emotional state or habitual thought pattern. Instead, it is a discrete and autonomous mental system that has an idiosyncratic range of emotion, style of expression, and set of abilities, intentions, or functions." He goes on to say, "We may be at the brink of a transformation in the way human beings are understood-a transformation that has far-reaching implications. If we are naturally multiple, then it is possible that our extreme feelings or thoughts are the results of extremes with just small parts of us, rather than evidence of pathology at our cores." "Multiplicity transports us from the conception of the human mind as a single unit to seeing it as a system of interacting minds" (Schwartz, 1995, p. 16). Finally, Roberto Assagioli, a psychiatrist, is credited as the first person to formally use and work with subpersonalities in personal growth and therapy. He defines subpersonalities as "psychological satellites, co-existing as a multitude of lives within the overall medium of our personality. Each subpersonality has a style and a motivation of its own, often strikingly dissimilar from those of the others… We are not unified; we often feel that we are, because we do not have many bodies and many limbs, and because one hand doesn't usually hit the others. But, metaphorically, that is exactly what does happen within us. Several subpersonalities are continually scuffling; impulses, desires, principles aspirations are engaged in an unceasing struggle" (Assagioli, 1965).

This goes to the hypothesis that this phenomenon of multiplicity exists along a continuum. At the one end of the continuum are fluctuations in mood, interpreted as a state of mind organized around a particular emotion. Further along the continuum are the roles and ego states and subpersonalities within which individuals perform state-specific tasks and life activities. Still further along, and outside the range of normality are the states of possession and at the far end of the continuum are the very dissociated states.

Where Do Subpersonalities Come From?

Again, theories abound about the origin of subpersonalities. Some posit learning theory, trauma experiences, introjections, the collective unconscious or the mind's natural state. They share a belief that these internal entities are more than clusters of thoughts or feelings, or mere states of mind. Instead, they are seen as distinct personalities, each with a full range of emotion and desire, and of different ages, temperaments, talents, and even genders. These inner people have a large degree of autonomy, in the sense that they think, say, and feel things independent of the person within whom they exist.

Fantasy images are credited with being a source of subpersonalities. We often identify with a hero or an admired person or group of persons and begin to take on their characteristics. It is often an attempt to live up to some ideal, which in this case takes the form of an individual. Another source of subpersonalities is *internal conflict*. This is the experience of two or more sides arguing within us and may become repetitive, frequent and vivid enough to require an identity for each before they can be worked out. Gestalt therapy and Psychodrama make extensive use of this dynamic. *Roles* often serve as the basis for the creation of subpersonalities. We all learn personal, psychological and social roles from an early age. These role identities often gather into sub-patterns that link closely with other patterns. Sometimes we move fluidly between roles. Think about the last time you spoke on the phone with your "phone voice" and when you got off the phone and began talking with another person. The *Personal Unconscious* as a source of the complexes described by Jung, internal objects of Winnicott, and ego states of Berne seem to derive from early experiences in the family. The *Cultural Unconscious* can be said to contain seeds of developing subpersonalities. This is the total accumulation of attitudes, ideas and feelings, usually compulsive and unconscious, which develop in relation to authority and control. Finally, the *Collective Unconscious* is credited as a source of subpersonalities. This is well-tilled soil by Jungians. It is the experience of archetypes, the shadow, the animus, etc., all of them exerting their influence within the medium of the personality (Rowan 1990).

Stages Of Subpersonality Work in Psychosynthesis

One of the first and most well developed systems for dealing with subpersonalities is the work of Psychosynthesis. Its view is that subpersonalities are a very specific part of us. They are repetitive, habitual, mechanical, behavior patterns. Being governed by a subpersonality is like playing a tape, acting out a routine, or, in psychoanalytic terms, a "repetition compulsion." While a subpersonality is just a portion of the personality, we can become totally identified with it, placing its needs and

perspectives above all else. Subpersonalities often act out unconscious motivations to the detriment of the personality as a whole. Psychosynthesis advocates undertaking a conscious exploration and transformation of these inner parts. The ultimate goal of subpersonality work is to increase the sense of self or center by deepening our acquaintance with our own subpersonalities instead of disintegrating into a myriad of sub-selves at war with each other. From this center, we can regulate them, correct them, and care for them. The skill to be learned is flexibility, so as not to be dominated by our subpersonalities nor to suffocate their expression and ignore their needs – in other words, to have a sense of compassionate, playful mastery. Ferrucci remarks that some of the benefits of subpersonality work include:

1. We learn to recognize our various and contradictory faces and thus undergo miniature psychoanalysis. In this way we forthrightly own the maternity or paternity of all our parts instead of exiling them into unconsciousness.

2. We learn to free ourselves from the control of the forces that usually dominate us, throwing us in this or that direction like a ping-pong ball.

3. We increase our integration by allowing our subpersonalities to become synergistic rather than antagonistic with each other.

4. We can raise each subpersonality to its highest potential and thus discover that every psychological aspect has in itself the seed of its own transformation.

5. Finally, by peeling off each mask, one by one, we move ever closer to discovering our underlying core – our true self (Ferrucci, 1980).

Psychosynthesis views subpersonality work occurring in five stages: 1) Recognition; 2) Acceptance; 3) Co-ordination; 4) Integration; 5) Synthesis/Transformation. (Ferrucci, P. (1982). A brief description of the stages follows:

1. Recognition – By exploring who you are, you begin to discover different aspects of yourself. You become aware of different subpersonalities and how they function. The process involves getting to know them and becoming more aware of them. This requires dis-identifying from them, then choosing which qualities of the subpersonalities you want to express. You begin to achieve recognition through self-observation.

2. Acceptance - Subpersonalities are parts of you. There are many of them that have not been accepted or allowed to express themselves and their underlying needs. No matter how limited, how distorted, how unpleasant it may be, each subpersonality is an attempt to express a legitimate need. By observing and dialoguing with a subpersonality as well as by coming to understand its origins, its *raison d'etre*, a certain appreciation and empathy develops in which you become more tolerant of your own weaknesses, more self-forgiving and self-accepting. In short, during this stage the self acknowledges and works to accept the subpersonality. The subpersonality is no longer autonomous, but is in a conscious relationship with the self.

3. Co-ordination – This occurs when the personal self shifts and becomes the orchestrator of the subpersonalities. The self becomes their coordinator by granting them certain time and space but not unlimited freedom. The subpersonalities still exist as reaction patterns but are now less intense. They do not last as long and become responsive to the power of the self to choose.

4. Integration – A well-coordinated internal team is one in which there is a lessening of conflict. More and more, the centered self chooses to meet a need directly rather than allow a subpersonality to take over and tries to meet a need but fails, as it inevitably does. The centered self then begins to be the focus of identity, and motives are more conscious and behavior is consciously chosen. One is in a position to develop and express the higher qualities that subpersonalities embody.

5. Synthesis – This stage occurs when the Transpersonal Self is the synthesizing agent. The subpersonalities have faded as dysfunctional behavior patterns and the self spontaneously expresses transpersonal qualities. New combinations occur which include the best of each of the formerly separated parts.

A Final Word

A Psychosynthesis view of self-actualization is that the more you can recognize and integrate the subpersonalities that have functioned unconsciously in your life the more you actualize yourself. Each subpersonality has the potential for expression, and each subpersonality at the core has a legitimate need and a transpersonal quality all its own. Each subpersonality represents a division within, preventing wholeness, yet each also holds the promise of being transformed, its energies and qualities no longer split off, but directly available for the personality as a whole.

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The Development of a Personality Scale Based on the Internal Family Systems Model

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Abstract

The purpose of this study was to develop a new measure based on the Internal Family Systems (IFS) model that would be useful for clinical and research purposes. Adults from a variety of settings (N = 1174) volunteered to rate how frequently they experienced various thoughts and feelings on a self-report questionnaire. Cronbach's alpha, Pearson product-moment correlations, partial correlations, and factor analysis were used to examine the internal reliability and construct validity of the scale. A 57-item IFS Scale with 10 subscales and a 25-item Self Scale were developed. Both of the measures were found to have adequate internal reliability and to reflect meaningful group differences consistent with IFS theory.

Introduction

This research is based on the Internal Family Systems (IFS) model, developed by Richard C. Schwartz (Schwartz, 1995). The unique contribution of this model is that it integrates two paradigms: systems theory and multiplicity of mind, resulting in a systemic view of intrapsychic processes. The application of systems principles and techniques to the intrapsychic system provides an effective framework for resolving deeply entrenched inner conflicts and problematic behavior.

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The Internal Family Systems (IFS) model conceptualizes the human mind as inherently multidimensional, consisting of a core Self and an indeterminate number of "parts" or subpersonalities. A part is defined as "not just a temporary emotional state or habitual thought pattern. Instead, it is a discrete and autonomous mental system that has an idiosyncratic range of emotion, style of expression, set of abilities, desires, and view of the world" (Schwartz, 1995, p. 34). The mind is viewed as existing on a continuum of coherence. The more healthy and balanced an internal system is, the greater the sense of harmony and cooperation among the parts. In a personality that is out of balance, the parts are in conflict with one another, polarized into patterns of alliances and coalitions, and caught in escalating and repetitive sequences of behavior. Conflicted, polarized internal systems can result from imbalances in the environmental context or from trauma, which are particularly problematic when they occur in the developmental stages.

The Parts

Although each part is unique and idiosyncratic, there are three general categories of parts: Managers, Firefighters, and Exiles. The Exiles are wounded and hurt parts that carry pain, shame, vulnerability, and the like. Managers and Firefighters protect the Exiles and the Self, although their strategies differ. The Managers protect *proactively*, trying to control the environment and keep it safe. The Firefighters protect *reactively*, by numbing or distracting from painful feelings.

The Self

The core Self is viewed as the seat of consciousness, the essence of who and what a person is, and the natural and capable leader of the internal system. The Self can be experienced as active, aware, discerning and strong; it can also be experienced as balanced, calm, and compassionate. The Self thus has a dual nature, like light (i.e., it has a "wave" state and a "particle" state). Every individual, no matter how distressed or traumatized, has a core Self that is healthy and intact. If the Self is not

leading the internal system (e.g., a person is not calm or compassionate, or their behavior is harmful to themselves or others), it is not because the Self is defective, missing, immature, or inadequate, only that it is being constrained, either externally (by a stressful environment) or internally (by polarized parts). Once the Self is free from constraints, it already has everything it needs to be an active, wise leader of the internal system and to move toward a healthy, fully functioning life.

Literature on the IFS Model

There are a number of publications, both theoretical and practical, on the IFS model. These discuss the theory of the model (Schwartz, 1995, 1999, 2001) as well as the application of the IFS model to working with families (Schwartz, 2001; Breunlin, Schwartz, & Mac Kune-Karrer, 1992; Nichols & Schwartz, 2004); couples (Schwartz & Johnson, 2000; Schwartz, 1999, 2003); individuals (Schwartz, 1992); children (Johnson & Schwartz, 2000); sexual abuse (Goulding & Schwartz, 2002); eating disorders (Schwartz, Barrett, & Saba, 1985; Barrett & Schwartz, 1987; Schwartz, 1988); borderline clients (Schwartz & Norman, 2003); and racism (Schwartz, 2001).

Two empirical studies relating to the IFS model have been published. Dobier, Soderstrom, and Steinhardt (2001) investigated the relationship between the concept of Self-leadership and health. Results suggested that Self-leadership was related to enhanced work satisfaction, physical health, and psychological functioning.

Steinhardt, Dolbier, Mallon, and Adams (2003) developed a measure that was theoretically derived from Schwartz's description of Self-leadership as characterized by eight C's: calm, clarity, courage, creativity, connectedness, curiosity, compassion, and confidence. A 50-item Self-Leadership Scale and a brief 20-item version were found to have construct validity, in that they were positively related to measures of well being, psychological functioning, life satisfaction, and work satisfaction, and negatively related to measures of illness, stress, and poor coping styles.

Development of the IFS Scale

In addition to having scales that reflect Self-leadership, it is important for the IFS community to develop scales that will profile the entire inner system, both Self and parts. Such a scale would necessarily address two important questions regarding parts. The first question is: what sorts of parts are dominating this internal system? Every internal system consists of a unique configuration of Managerial parts (e.g., perfectionistic, controlling, pleasing), Firefighter parts (e.g., addictive, dissociating, self-harming), and Exile parts (e.g., needy, ashamed, vulnerable). These patterns reflect the way that these internal systems organized themselves in order to survive within their given environmental context.

The second question is: how polarized are these parts? Are they fairly harmonious, moderately polarized, or more extreme? How "protected" is this system? In a more healthy, balanced system, parts run the full gamut of human expression: playful, creative, assertive, disciplined, passionate, etc. Their roles in the system are so flexible and harmonious that they may not be recognized as "parts." In a more traumatized system, however, parts tend to be more conflicted, and their thoughts and feelings may even be destructive (or self-destructive). This measure focuses on the identification of parts at this more extreme, conflicted end of the spectrum.

A measure that could tell us not only how much Self-leadership there is, but also what sorts of parts are present and how polarized they are, would be useful clinically. First and foremost, it would be useful in assessing issues of safety. It would give the clinician a general idea of how protected the internal system is, and thus how much care would have to be taken to get the cooperation of the Managers before being able to safely access the Exiles. It would also inform the clinician about the presence of potentially dangerous Firefighters such as addictive or self-harming parts. This would enable the clinician to not only assess the degree of risk, but also to approach these parts in a respectful way, address their fears, and begin to build a relationship of trust and cooperation. Such a scale, used periodically, would also be a useful tool in assessing clinical progress by quantifying changes in Self-leadership and parts.

A scale that provides a profile of the internal system would contribute to and support the emerging research on the Internal Family Systems model. Such a scale would also be a useful tool in the field of outcome research and would enable researchers to assess and quantify the effectiveness of IFS therapy.

There were several challenges in developing such a scale. One challenge was to identify useful patterns of personality without losing the unique nature of parts. There are no rigid categories or predetermined archetypes in IFS theory; each part is distinct and individual. However, there are commonalities within that wide range of parts. So instead of trying to capture the idiosyncratic nature of individual parts, items were written to reflect the feelings and thoughts that are characteristic of the most commonly found types of parts in a traumatized system.

Our assumption is that, even with this limitation, a personality profile that gives an overview of the internal system, telling which types of parts are significantly stronger than average, will be useful.

Another challenge involved potential overlap between the various subscales. The subscales were chosen to reflect the most commonly found types of parts, based on Schwartz's clinical experience. Statements were then written that were characteristic of each type of part. Many statements clearly belonged in one particular category, e.g., "I feel like I'm in a fog" fit unambiguously into the Numbing/Dissociating category. Many other statements, however, didn't seem to fit cleanly into just one category. For example, the statement "I have a hard time trusting people" could conceivably belong with Anxious parts or with Controlling parts. We decided to write items as specifically as possible for each different category, with the awareness that there might be some degree of overlap, and that some of the categories might merge during statistical analysis.

A third challenge involved the reversed items. When reversed items were written for categories of parts, they often sounded like Self-led statements. For example, the Pessimistic category included the statement, "I feel hopeless and discouraged." The reversed item became, "I feel hopeful and optimistic," which is characteristic of Self. This highlighted an important question: is Self truly a separate dimension of personality, or is it just the reverse of, or absence of, parts? If we reverse a parts statement and it sounds like a Self statement, then what is the difference between parts and Self on a *statistical* level? Our experience of our clients' (as well as our own) inner systems leads us to believe that there is indeed a qualitative difference between parts and Self, but how can the difference between Self and parts be quantified? We decided to write items that would represent characteristic feelings of each of the categories of parts and Self as clearly as possible. Reversed items were then written to represent, as clearly as possible, the reverse of those statements, with the anticipation that the statistical analysis would help to clarify the relationship between Self and parts.

A fourth challenge involved categorizing various types of parts as either Managers or Firefighters. Attempts were made to fit parts into these categories in the beginning (Anxious parts as Managers, Addictive parts as Firefighters, etc.), but the farther the research went, the more forced and unnecessary it felt. Yes, there are definitely parts that have Managerial roles and others that have Firefighter roles, but the bigger picture is that they are all Protectors. One protects proactively, while the other protects reactively. For example, some Anxious parts are Managers (e.g., anticipating problems and keeping relationships fairly superficial) while other Anxious parts are Firefighters (e.g., triggering panic attacks when threatened). And some Addictive parts are Managers (e.g., maintaining a general level of numbness in order to cope with life) while other Addictive parts are Firefighters (e.g., going on a binge in response to a specific situation).

It would, of course, be possible to write a scale that would distinguish between them, to distinguish, for example, between Anxious Managers and Anxious Firefighters. This might be a good future research project. This particular scale does not make those distinctions, and as a result it does not distinguish between Managers and Firefighters. It considers them both Protectors. This scale thus profiles the internal system in terms of Self, Exiles, and Protective parts.

Preliminary Study

DeLand conducted a preliminary study (O'Neil, 2002) that examined the internal reliability of a 178-item scale consisting of 19 subscales (Self and 18 parts scales). The research demonstrated that the subscales had adequate internal reliability and related to each other in ways that were consistent with IFS theory, i.e., Managers, Firefighters, and Exiles related positively to each other and negatively to Self. Exploratory analysis of validity revealed that the scale discriminated between groups as expected: a non-clinical group, a low-trauma group, and those who had counseling in the past, all scored higher on Self and lower on Managers, Firefighters, and Exiles than a clinical group, a high-trauma group, and those who were currently in counseling. There were no gender effects.

Purpose of the Research

The intercorrelations between some of the subscales in the preliminary study were quite high, however, indicating that there might be some overlap. For example, the correlations between the Anxious, Controlling, and Pessimistic subscales were so strong that it suggested that they were actually one sort of part instead of three. As a result, it was felt that further research using a factor analysis would be a productive way of clarifying the structure of the measure and reducing the number of subscales as well as the number of items.

The purpose of this research was to refine the multidimensional self-report scale based on the Internal Family Systems (IFS) model that was developed in the preliminary study, and assess its internal reliability and construct validity. The goal was to be able to profile an individual's personality in terms of (1) the types of parts

that are dominating the internal system, (2) the relative strength of those parts, and (3) the relative strength of Self.

Hypotheses

It was hypothesized that all parts would correlate positively with each other and negatively with Self; that Self would be a distinct factor; that each subscale would be a distinct dimension; that a high trauma group would have lower scores on Self and higher scores on parts than a low trauma group; that there would be no difference in scores on any of the subscales between males and females.

METHOD

Participants

This research utilized a population of 1174 people from all across the United States and Canada. They were accessed through counseling clinics, university classes, social and professional networks, and through internet support groups (primarily groups for survivors of abuse and for those interested in psychological issues and research). Thus, this was not a random sample, although every effort was made to achieve as wide a distribution as possible.

The sample was comprised of 22.8% males and 76.3% females (ten participants declined to specify their gender). Their ages ranged from 18 to 82. The mean age was 40.4 (SD = 13.6), and the median was 41.

A majority of the participants (84.1%) identified themselves as Caucasian; 4.9% were Hispanic; 2.9% were Asian; 2.7% were African American; 1.2% were Middle Eastern.

Sixteen percent of the population had a high school education or less. Thirty-seven percent had at least some college education. Forty-seven percent had at least some graduate or professional education.

Using an informal self-report assessment of traumatic life events, 27.6% identified themselves as having experienced less or much less trauma than other people, while 46.6% identified themselves as having experienced more or much more trauma than other people.

All participants were treated in accordance with the "Ethical Principles of Psychologists and Code of Conduct" (American Psychological Association, 1992).

Materials

Each participant was given an informed consent form, an introduction to the instrument, a demographic questionnaire, and the IFS Scale developed in the preliminary study (O'Neil, 2002). Participants were also given the opportunity to request general results of the research once it was completed.

Original Subscales of the IFS Scale

Prior to this research, item analyses using independent t-tests were used to see how well each of the original 178 items from the preliminary study discriminated between groups. The 48 items that did not discriminate significantly were dropped, leaving 130 items comprising 19 subscales. The 19 original subscales were as follows:

Self. The statements within the Self dimension are representative of the thoughts and feelings of people when they are able to differentiate, even temporarily, from their parts (e.g., "I feel balanced and calm").

Abandoned. Parts that fear being abandoned by loved ones (e.g., "I feel frantic if someone I care about tries to leave me").

Addictive. Parts that use various means to numb out, or distract from, pain (e.g., "When I'm sad or upset, I need to do things like get high, get drunk, have sex, eat, or spend money in order to feel better").

Anxious. Hypervigilant parts that feel anxious and worried, and expect the worst (e.g., "I feel like I'm on guard").

Ashamed. Parts that carry shame, guilt, and unworthiness (e.g., "Deep down, I feel like I deserve to be punished").

Avoiding. Parts that protect the individual by denying and minimizing (e.g., "I feel a need to shut out painful emotions").

Controlling. Parts that try to control the environment, our emotions, our behaviors, and other people in order to stay safe (e.g., "I feel it is safer to keep other people at a distance").

Dependent. Parts that feel needy and dependent (e.g., "I feel that others can take care of me better than I can").

Entitled. Parts that protect from unwanted feelings such as guilt by rationalizing that the individual is entitled to special treatment (e.g., "I feel that people 'owe' me, because of what happened to me").

Hurt. Wounded Exiles that feel sad, hurt, and alone (e.g., "I feel like I'm falling apart").

Impulsive. Parts that distract from uncomfortable feelings with impulsive actions (e.g., "I do things impulsively that end up causing me trouble later on").

Numbing/Dissociating. Parts that protect the individual from pain by numbing thoughts and feelings, and by disconnecting from the body (e.g., "I feel like I'm in a fog").

Pessimistic. Parts that guard against trying anything new or hoping that things could be different because they fear being disappointed (e.g., "I try not to expect too much from people so I won't be let down").

Pleasing. Parts that are focused on pleasing other people. They are often guarding parts that have been shamed, frightened, physically hurt, or threatened with abandonment (e.g., "I try to anticipate what people want so they won't be mad at me").

Powerless. Parts that feel helpless and vulnerable (e.g., "I feel weak and powerless").

Raging. Parts that use anger to protect vulnerable parts (e.g., "I feel like my anger helps protect me from people").

Self-critical. These are the self-critical internal voices (e.g., "I'm pretty hard on myself").

Self-harming. Parts that use self-harming behaviors to distract from emotional pain (e.g., "I hurt myself to distract from the inner pain that I feel"). They also use the idea of suicide as a "last line of defense." They protect the individual by holding on to the possibility of suicide in case all else fails and there is no other way to stop the pain (e.g., "When I'm sad or upset, I'm comforted by the thought that I can always kill myself").

Striving. Perfectionistic, driving parts (e.g., "I feel driven to be the best at anything I try").

Procedure

Participants were asked (either in person or via letters sent to owners of internet groups that expressed some interest in psychological issues) if they would consider participating in a research project focused on the development of a new personality scale. In appreciation for their time, all participants were given the option of entering a raffle in which five $100 prizes were randomly drawn and given away. All data were collected and recorded so as to ensure the confidentiality of the participants: all questionnaires were anonymous; all raffle entry information was confidential and recorded separately from the questionnaires, and was destroyed when the research was complete.

Those participants that were acquired through university classes, counseling clinics, and social and professional networks were given the survey in written form to take home and either return later or mail in. Those participants that were acquired through internet support groups were able to access and take the same survey online at the Center for Self Leadership website (www.selfleadership.org). The 130 items of the IFS Scale were randomly arranged. Participants were asked to rate how frequently they experienced these thoughts and feelings on a 5-point Likert scale (1 = Never/Almost Never; 2 = Seldom; 3 = Sometimes; 4 = Often, 5 = Always/Almost Always).

According to IFS theory, the more traumatized that individuals have been, the more extreme their parts are likely to be and the less access to Self they are likely to have. In order to acquire data relating to the issue of past trauma, and thus the validity of the scale, participants were asked, "Compared to other people, how much trauma (of any kind) have you experienced in your life?" They were asked to rate this on a 5-point Likert scale (much less than most; less than most; about the same; more than most; much more than most). Those who identified themselves as having experienced less or much less trauma than most people (27.6%) were designated a "low trauma" group. Those who identified themselves as having experienced more or much more trauma in their lives than most people (46.6%) were designated a "high trauma" group. Those who identified themselves as having experienced about the same level of trauma as most people (25.8%) were dropped from the trauma group analysis.

Data Analysis

Factor analysis was used to determine the final subscales of the IFS Scale. Cronbach's alpha was used to examine the internal consistency of the subscales. Means and standard deviations for all subscales were calculated, both for the entire population as well as for males and females. The intercorrelations as well as the partial correlations between the subscales were analyzed. Group differences (high vs. low trauma; males vs. females) were examined using independent t-tests.

In addition, a separate 25-item Self Scale was developed. The reliability and validity of this scale were examined using Cronbach's alpha, factor analysis, and independent t-tests.

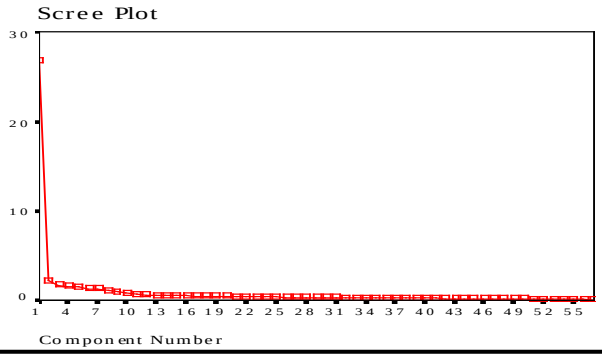
RESULTS

All analyses were run at the .05 probability level (N = 1174). The original 130-item scale with 19 subscales was reduced to a 57-item IFS Scale with 10 subscales.

Factor Analysis

The eigenvalues and the scree plot of the 130 items revealed that one major factor accounts for a majority of the variance (see Table 1).

Table 1
Eigenvalues and Scree Plot for 130 Items



However, an oblique rotation (kappa = 3) revealed nine interpretable factors: Self; Exiles; Pleasing/Dependent/ Abandoned; Addictive/Impulsive; Raging; Self-critical/ Striving; Anxious/Pessimistic/Controlling; Dissociating; and Self-harming. The Entitled subscale disappeared in the analysis. The Avoiding subscale had an internal consistency of .53 and was dropped.

The Kaiser-Meyer-Olkin Measure of Sampling Adequacy was .982. Bartlett's Test of Sphericity was 46673, (p < .000, df = 1596). Total variance explained by the nine factors was 68.66%. Table 2 presents the structure matrix of the factor analysis, indicating how each item loaded on the nine factors.

Table 2
IFS Scale: Structure Matrix of the Factor Analysis

	Self	Pls/ Ab	S-Harm	Anx/ Pess	S-Crit	Dissoc	Add/Imp	Raging	Exiles
S19	**-.838**	-.480	-.521	-.491	-.459	-.470	-.444	-.376	-.445
Ax6	**-.814**	-.561	-.599	-.478	-.428	-.561	-.425	-.434	-.470
Ps8	**-.803**	-.458	-.582	-.585	-.420	-.409	-.407	-.433	-.470
S13	**-.778**	-.415	-.485	-.617	-.464	-.482	-.473	-.394	-.561
S4	**-.763**	-.480	-.480	-.533	-.450	-.402	-.482	-.445	-.555
Ps5	**-.763**	-.434	-.492	-.462	-.419	-.482	-.447	-.313	-.486
H6	**-.758**	-.569	-.448	-.497	-.512	-.407	-.462	-.442	-.337
D5	**-.736**	-.544	-.535	-.410	-.362	-.513	-.403	-.461	-.401
Ad6	**-.727**	-.482	-. 459	-.509	-.492	-.404	-.646	-.481	-.342
Ab2	.465	**.868**	.447	.422	.394	.411	.376	.407	.401
Ab6	.540	**.825**	.496	.462	.434	.442	.431	.389	.534
Ab7	.410	**.790**	.329	.380	.364	.305	.383	.345	.430
Ab3	.541	**.750**	.512	.597	.373	.430	.375	.381	.482
Ab4	.646	**.733**	.464	.372	.388	.355	.383	.392	.273
Pl2	.452	**.705**	.351	.453	.489	.480	.436	.297	.421
Pl6	.346	**.650**	.235	.421	.502	.476	.356	.178	.427
SH1	.556	.504	**.911**	.484	.395	.552	.476	.403	.486
SH7	.537	.461	**.875**	.458	.360	.513	.495	.396	.423
SH3	.554	.466	**.856**	.490	.364	.528	.577	.378	.477
SH8	.614	.454	**.852**	.517	.398	.502	.418	.356	.620
SH2	.541	.373	**.847**	.455	.371	.443	.369	.325	.497
C4	.500	.407	.486	**.825**	.445	.525	.376	.308	.448
Ax5	.511	.395	.488	**.814**	.398	.422	.358	.397	.424
Ps4	.395	.440	.364	**.775**	.402	.403	.405	.254	.514
Ax1	.612	.578	.527	**.772**	.516	.611	.426	.452	.530
Ax8	.502	.456	.424	**.766**	.481	.509	.325	.397	.496
Ps6	.515	.462	.356	**.702**	.486	.334	.382	.318	.467

C6	.512	.409	.411	**.661**	.407	.564	.432	.281	.267
Cr1	.392	.429	.349	.427	**.841**	.370	.310	.314	.437
Cr2	.454	.418	.362	.477	**.826**	.391	.333	.378	.481
St2	.581	.400	.385	.424	**.803**	.313	.344	.367	.252
Cr6	.499	.533	.462	.453	**.748**	.498	.415	.415	.562
Cr4	.581	.331	.340	.409	**.733**	.250	.310	.297	.151
St7	.245	.341	.201	.396	**.640**	.299	.252	.247	.381
N6	.561	.462	.568	.512	.384	**.846**	.457	.383	.552
N2	.385	.330	.468	.424	.297	**.792**	.352	.273	.367
N7	.547	.458	.533	.531	.450	**.766**	.493	.388	.655
N1	.636	.404	.409	.442	.386	**.738**	.515	.365	.417
N5	.315	.455	.382	.415	.327	**.648**	.373	.404	.446
Ad3	.491	.418	.492	.411	.343	.495	**.806**	.384	.468
I4	.465	.287	.350	.296	.253	.340	**.779**	.231	.221
Ad7	.391	.461	.420	.405	.357	.374	**.742**	.425	.420
I5	.424	.499	.491	.379	.335	.472	**.726**	.444	.404
Ad5	.486	.470	.477	.483	.391	.541	**.712**	.429	.529
R8	.407	.366	.356	.333	.327	.334	.396	**.877**	.337
R2	.430	.365	.301	.287	.409	.284	.368	**.848**	.320
R9	.471	.436	.431	.435	.441	.414	.417	**.758**	.584
R3	.431	.400	.421	.480	.290	.501	.348	**.748**	.391
H5	.623	.549	.586	.577	.494	.544	.497	.501	**.809**
Ps9	.719	.571	.657	.554	.522	.571	.509	.474	**.783**
Ash2	.674	.557	.609	.598	.575	.611	.518	.423	**.749**
Pow3	.689	.626	.599	.571	.513	.650	.480	.434	**.736**
H8	.616	.548	.604	.626	.428	.486	.438	.457	**.736**
Ash10	.703	.590	.613	.624	.575	.653	.496	.476	**.728**
H7	.687	.578	.631	.585	.508	.606	.517	.472	**.725**
H3	.647	.550	.518	.656	.489	.508	.437	.355	**.722**
Pow6	.718	.590	.615	.574	.473	.627	.501	.427	**.720**

Promax rotation of a principle components solution

Internal Consistency

Each of the nine factors was examined using Cronbach's alpha. In addition, the internal consistencies of a Parts Scale (a summing of the eight parts subscales) and a Total Scale (comprising the eight parts subscales as well as the Self subscale) were calculated. In order to calculate the internal consistency of the Total Scale, the Self items were reverse scored, since Self correlates negatively with the other eight subscales. Table 3 shows the final subscales of the IFS Scale after factor analysis, with each subscale's internal consistency (using Cronbach's alpha), item-to-total correlations, and possible range of scores, means, and standard deviations.

Table 3
IFS Scale: Final Subscales

Final Subscales	Internal Consistency	Item-to-total Correlations	Possible Range	Mean	SD
Exiles*	.96	.79 to .87	9 - 45	21.14	9.42
Pleasing/ Abandoned *	.89	.59 to .78	7 - 35	18.49	6.54
Addictive/ Impulsive*	.83	.56 to .71	5 - 25	11.81	4.14
Anxious/ Pessimistic *	.89	.60 to .76	7 - 35	19.25	6.34
Self-critical *	.87	.51 to .76	6 - 30	19.57	4.88
Raging *	.84	.63 to .73	4 - 20	8.90	3.30
Dissociating *	.86	.57 to .79	5 - 25	11.38	4.49
Self-harming *	.93	.77 to .87	5 - 25	7.96	4.58
Self	.93	.70 to .80	9 - 45	32.91	7.34
Parts	.97	.45 to .85	48 - 240	118.49	36.42
Total Scale	.98	.44 to .85			

*Indicates subscales included in the Parts scale.

Correlations

Pearson product-moment correlations were used to examine the relationships between the subscales. Table 4 presents the resulting intercorrelations.

Partial correlations were used to examine the subscales for the degree of overlap. Results indicated that all combinations of all subscales retained significance ($p <$ .000, 1-tailed, $df = 1042$) except in relation to the Exiles scale. When the Exiles factor was controlled for, the following four combinations lost significance: Self-harming with Pleasing/Abandoned; Self-harming with Raging; Self-harming with Self-critical; and Self-critical with Dissociating.

Table 4
Intercorrelations Between Subscales of the IFS Scale

	P/A	Ad	AP	D	R	SC	SH	Ex	S
P/A	1	.60*	.67*	.62*	.53*	.61*	.60*	.75*	-.71*
Ad		1	.60*	.65*	.55*	.49*	.64*	.69*	-.67*
AP			1	.70*	.55*	.64*	.63*	.80*	-.73*
D				1	.55*	.55*	.67*	.78*	-.70*
R					1	.51*	.50*	.63*	-.60*
SC						1	.52*	.68*	-.65*
SH							1	.77*	-.71*
Ex								1	-.86*
S									1

* $p <$ .000 (1-tailed)

P/A = Pleasing/Abandoned
Ad = Addictive/Impulsive
AP = Anxious/Pessimistic
D = Dissociating
R = Raging
SC = Self-critical
SH = Self-harming
Ex = Exiles
S = Self

T-tests

Trauma. Independent t-tests revealed that the high trauma group scored higher on parts than the low trauma group as follows: Pleasing/Abandoned: $t_{(817)} = 11.85$; $p <$ .000; Addictive/Impulsive: $t_{(839)} = 11.77$; $p <$ .000; Anxious/Pessimistic: $t_{(832)} = 14.98$; $p <$ .000; Dissociating: $t_{(840)} = 12.3$; $p <$ .000; Exiles: $t_{(843)} = 17.42$; $p <$ .000; Raging: $t_{(845)} = 12.38$; $p <$ .000; Self-critical: $t_{(770)} = 9.39$; $p <$ .000; Self-harming: $t_{(767)} = 14.23$; $p <$ .000; Parts: $t_{(780)} = 16.06$; $p <$ .000; Total Scale: $t_{(769)} = 15.99$; $p <$ .000.

The high trauma group scored lower on Self than the low trauma group, $t_{(844)} = -13.52$, $p <$ .000.

A conservative post-hoc test, Bonferroni, was implemented to prevent inflated significant results. All tests remained significant.

Gender. Independent t-tests revealed that females scored higher than males on the following subscales: Pleasing/Abandoned: $t_{(482)} = 4.62$, $p<.000$; Addictive/ Impulsive: $t_{(516)} = 4.1$, $p<.000$; Anxious/Pessimistic: $t_{(482)} = 2.46$, $p<.05$; Dissociating: $t_{(473)} = 4.65$, $p<.000$; Exiles: $t_{(465)} = 4.54$, $p<.000$; Raging: $t_{(502)} = 4.66$, $p<.000$; Self-critical: $t_{(487)} = 3.37$, $p<.005$; Self-harming: $t_{(584)} = 4.6$, $p<.000$; Parts: $t_{(467)} = 4.28$, $p<.000$; Total Scale: $t_{(451)} = 3.98$, $p <$ .000.Females scored lower than males on Self, $t_{(466)} = -3.29$, $p<.005$.

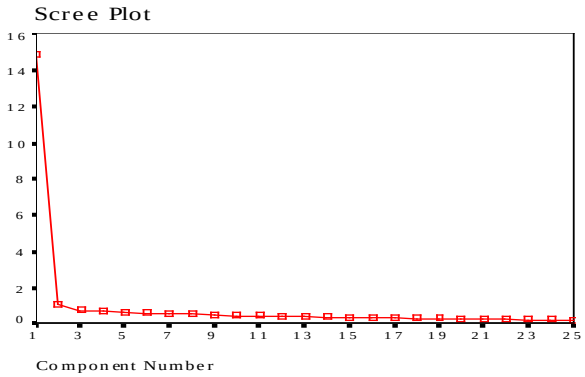
In a follow-up analysis, an independent t-test found that females reported significantly more trauma than males, $t_{(1162)} = 6.02$, $p <$ .000. When the level of trauma was controlled for, gender became non-significant. As a result, means and standard deviations for all subscales were calculated separately for males and females.

Self Scale

In order to develop a longer Self Scale, the 25 items that loaded most strongly and clearly on the Self factor during the initial stage of the factor analysis were analyzed separately. The 25-item scale demonstrates internal consistency ($\alpha = .97$). Item-to-total correlations range from .58 to .86.

When these 25 Self items were examined with a separate factor analysis (Varimax rotation), two dimensions of Self were revealed. The first factor (Self-Qualities) had an eigenvalue of 14.901, explaining 59.603% of the variance. The second factor (Self-Leadership) had an eigenvalue of 1.067, explaining 4.266% of the variance (see Table 5 for the scree plot).

Table 5
Scree Plot of the 25 items loading with Self Leadership



The Kaiser-Meyer-Olkin Measure was .982. Bartlett's Test of Sphericity was 22525.3, $p < .000$, $df = 300$. Total variance explained by the two factors was 63.87%. Table 6 presents the structure matrix of the rotated factor analysis of the Self Scale.

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Table 6
Self Scale: Structure Matrix of a Two Factor Solution

	Self-Qualities	Self-Leadership
H2	**.800**	.334
S13	**.789**	.306
S14	**.750**	.459
Ash5	**.744**	.438
Ps8	**.742**	.347
H4	**.714**	.228
S4	**.712**	.369
Pow4	**.710**	.487
Pow1	**.706**	.348
S1	**.697**	.454
Ps5	**.692**	.370
SH6	**.679**	.304
S18	**.675**	.500
St10	**.672**	.387
S19	**.611**	.544
S7	**.610**	.431
Ax6	**.603**	.550
C8	.156	**.790**
Av5	.297	**.672**
I7	.365	**.646**
H6	.446	**.645**
S15	.358	**.641**
S8	.487	**.632**
Ad6	.482	**.587**
D5	.491	**.582**

Group differences were examined using independent t-tests. The low trauma group scored higher on the Self Scale than the high trauma group, $t_{(810)} = 13.01$, $p < .000$. Males scored higher on the Self Scale than females, $t_{(465)} = 3.54$, $p < .000$. When level of trauma was controlled for, gender differences lost significance.

The 25-item Self Scale is presented in Table 7.

Table 7
Self Scale: Final Items

1) I feel energetic and joyful. *
2) I know who I am and what I want from life. *
3) I feel a sense of inner peace. *
4) I feel confident that I'll reach my goals. *
5) I feel happy and playful. *
6) I feel hopeful and optimistic. *
7) I feel capable and strong. *
8) I accept and like myself, just as I am. *
9) I feel a deep sense of confidence in myself. *
10) I feel content with my life, just as it is. *
11) I feel balanced and calm. *
12) I feel worthy and valuable. *
13) I feel I can choose the life I want. *
14) I feel that there are many people who care about me. *
15) I feel deeply committed to life. *
16) I feel able to comfort myself when something bad happens. **
17) I feel able to take care of myself. **
18) I can manage okay in the midst of chaos. **
19) I can maintain my inner calm even under pressure. **
20) I feel able to face the bad things I've done. **
21) I feel like I have good self-control. **
22) When something upsets me, I can calm myself down in healthy ways. **
23) I'm able to resolve inner conflicts fairly quickly. **
24) I feel confident that I can handle whatever life brings me. ***
25) I feel able to meet life's challenges with courage. ***

α = .97; item-to-total correlations: .58 to .86

* Indicates items that load on the Self-Qualities factor.
** Indicates items that load on the Self-Leadership factor.
*** Indicates items that load almost equally on both factors.

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DISCUSSION

The purpose of this research was to develop a multidimensional self-report measure based on the Internal Family Systems (IFS) model that would be useful for clinical and research purposes. A 57-item IFS Scale was developed, as well as a 25-item Self Scale. Results indicate that both scales show adequate internal consistency and construct validity.

A factor analysis was used to obtain clearer constructs underlying the scores generated by the scale. Many items loaded strongly on more than one factor. This was particularly true of items that related to feelings of shame and worthlessness, which related strongly not only to Self and Exiles, but to several of the other factors as well. This attests to the powerful effect that shame and worthlessness can have on the whole internal system. Most of these items were dropped from the analysis in the attempt to get clear factors.

The following subscales merged during the factor analysis: Anxious, Pessimistic, and Controlling; Addictive and Impulsive; Pleasing, Dependent, and Abandoned; and Self-critical and Striving. All of these mergers made intuitive, theoretical, and clinical sense, reflecting either one type of part or a strongly interrelated system of parts. For example, Self-critical and Striving parts are usually separate internal parts, but they often work together to protect parts that feel inadequate and worthless. We would not have predicted the merger of Impulsive and Addictive parts; this generated speculation about the possible relationship between impulsivity and addictions. During the early stages of clarifying the factor analysis, Pleasing and Dependent items factored together, but factored separately from Abandoned items. It may be that Pleasing and Dependent items are reflecting one part that is very closely correlated with, but not necessarily the same as, the parts that fear abandonment. It is possible that further development of the measure (such as the writing of more specific items) might result in the Pleasing/Dependent items factoring separately from the Abandoned items.

The Ashamed, Hurt, and Powerless subscales also merged during the factor analysis, revealing one category for all the parts that feel sad, hurt, worthless, lonely, in pain, hopeless, discouraged, weak, and powerless. These are the most commonly found types of Exiles in a traumatized system. It is important to remember, however, that according to IFS theory, this isn't the only kind of Exile. Any part (e.g., angry, hopeful, independent, strong, artistic, intellectual, spiritual, etc.) may be exiled if it is shamed or disallowed by the familial or social environment.

The analysis indicated that one component was explaining the majority of the variance. This might be called an "I feel bad" factor. However, in order to examine the various aspects of that factor, an oblique rotation was used, which revealed nine interpretable factors:

Self: the core essence; centered, calm, balanced, and confidant; able to self-soothe and resolve internal conflicts.

Exiles: sad, lonely, hurt, vulnerable, hopeless, or worthless.

Addictive/Impulsive: using addictive, compulsive, or impulsive behaviors to numb or distract from painful emotions.

Anxious/Pessimistic: on guard, hypervigilant, pessimistic, and controlling; afraid to trust, afraid to take risks, and afraid to hope.

Dissociating: disconnected from oneself, one's feelings, and one's body.

Pleasing/Abandoned: fearing abandonment; anxious to please.

Raging: using anger as a protection against vulnerable feelings.

Self-critical: criticizing oneself internally, driving oneself to be better, and never feeling good enough.

Self-harming: using self-harming behaviors to distract from or release emotional pain; using the possibility of suicide to escape from what is felt to be hopeless and inevitable pain.

A Parts Scale that summed the eight parts subscales was calculated in order to give clinicians an overall gauge of the degree of polarization present. A Total Scale (consisting of the eight parts subscales plus the Self subscale) was also calculated, primarily for purposes of statistical analysis. In addition, a longer Self Scale was developed. Results indicate that the IFS Scale (α = .98), all of its subscales (α = .83 to .96), and the long Self Scale (α = .97) exhibit internal consistency.

It was hypothesized, based on the IFS model as well as on personal and clinical experience, that Self would be a separate factor. The hypothesis was supported. Results suggest that the dimension of Self is not simply a reversal of, or absence of, parts, but a unique and separate dimension of personality, validating the IFS model's conception of personality.

This research has produced two measures of Self. One is the 25-item Self Scale (see Table 7) that was derived from the first phase of the factor analysis. The other is the 9-item Self subscale that emerged during the final

phase of the factor analysis after all items that interfered with clear factors were dropped.

Most of the items in these Self scales were written specifically for the Self scale, while others were written as reversed items for the various parts scales. For example, "When something upsets me, I can calm myself down in healthy ways" was written as a reverse-scored item for the Addictive scale, and "I feel capable and strong" was written as a reverse-scored item for the Powerless scale.

Many of the Self items reflect the "eight C's" of Self (*calm, clarity, courage, creativity, connectedness, curiosity, compassion, and confidence*), e.g., "I feel balanced and calm," "I feel able to meet life's challenges with courage," and "I feel a deep sense of confidence in myself." It is interesting to note that items relating to creativity, connectedness, curiosity, and compassion proved to be too weak statistically to be retained, i.e., they did not discriminate well between groups. It is possible that these items are affected by issues of social desirability; i.e., that our desire to be seen as creative and compassionate interferes with our ability to clearly perceive how creative and compassionate we really are.

The remaining items reflect additional aspects of Self, e.g., *the ability to feel and stay centered* ("I can maintain my inner calm even under pressure"), *core self-esteem* ("I feel worthy and valuable"), *resilience* ("When something upsets me, I can calm myself down in healthy ways"), *the ability to depolarize conflicting parts* ("I'm able to resolve inner conflicts fairly quickly"), *the ability to comfort parts* ("I feel able to comfort myself when something bad happens"), *the ability to withstand the pressure of unhealthy impulses* ("I feel like I have good self-control"), *the ability to accept all parts* ("I accept and like myself, just as I am"), and *the willingness to listen to all parts, even ones that are holding painful feelings* ("I feel able to face the bad things I've done").

When analyzed separately, the dimension of Self was found to have two factors. Even though one factor explains most of the variance, the two factor solution makes theoretical and clinical sense, as it is consistent with the IFS model's conception of Self as having a dual-nature, like the wave/particle duality of light (Schwartz, 1995, p. 38). The first factor, Self-Qualities, reflects the experiential or "particle" aspect of Self. It contains items relating to the actual experience of being "in Self," i.e., feeling calm and centered. Items that load on this factor include "I feel balanced and calm" and "I feel worthy and valuable." The second factor, Self-Leadership, reflects the instrumental or "wave" aspect of Self. It contains items relating to the ability to maintain one's center when under emotional stress. Items that load on this factor include "I can manage okay in the midst of chaos," and "I feel able to comfort myself when something bad happens." Even though they represent two aspects of Self, it must be emphasized that these two factors are very closely related and several items load strongly on both factors.

Both the short (α = .93) and the long (α = .97) Self scales demonstrate internal consistency. The correlation between the short and the long Self scales is very high (r = .98, p < .000, 1-tailed), so for all intents and purposes, they are interchangeable. The advantage of the long scale is that it is a more comprehensive exemplification of the concept of Self; the greater number of items gives a clearer sense of what Self is. A disadvantage of the long scale is that there are no reverse-scored items, which makes it less than optimal as a clinical measure. However, the Self Scale is presented in the hopes that its content and its revealed two-factor structure will be a helpful contribution to the emerging research on the concept of Self and Self-leadership.

Even though the short scale consists of only nine items, it comprises both Self factors. Four of its items factor with Self-Qualities, three of its items factor with Self-Leadership, and two of its items load almost equally on both factors. The multidimensional IFS Scale, which utilizes this short Self scale, is the most efficient way to assess the whole internal system; it gives more information than the Self Scale does, and was found to distinguish better between trauma groups.

The hypothesis that parts would relate positively to each other and negatively to Self was supported. According to IFS theory, parts that have been traumatized tend to become rigid and polarized, and have two general functions. Some parts hold "burdens" of emotional pain (Exiles), and others try to protect the system from feeling that pain or being hurt again (Managers and Firefighters). The more burdened the Exiles are, the more protective the Managers and Firefighters must be in order to protect them. Due to this systemic dynamic, there is necessarily a positive correlation between parts. On the other hand, there is a negative relationship between extreme parts and Self because the more access an individual has to Self, the less extreme the parts are likely to be, and the more extreme the parts are, the less access there is likely to be to Self. The intercorrelations between the factors supported IFS theory; parts were positively related to each other and negatively related to Self.

The factor analysis revealed an interesting relationship between Self and Exiles. During the process of clarifying the analysis and dropping items that interfered with discrete factors, it became apparent that many items loaded strongly on both Self (negatively) and Exiles (positively). It was further noted that the Exiles factor was more strongly related to the Self-Qualities items than to the Self-Leadership items, and that in order to get clear Self and Exile factors, several of the Self-Qualities items had to be dropped. This suggests that the Self-Qualities factor may be more sensitive to the presence of Exiles, and thus more state-dependent, than the Self-Leadership factor. It is possible that this might help to clarify the question regarding the conceptualization of Self as a state or a trait. The question as to whether Self represents a state or a trait has been of some interest (Steinhardt, 2003). Schwartz has observed that Self acts like both a *state*, in that the experience of it can fluctuate according to circumstances, and a *trait*, in that it describes a relatively stable ability. Perhaps the Self-Qualities factor corresponds to the state-like aspect of Self, while the Self-Leadership factor corresponds to the trait-like aspect.

It is also interesting to note that the negative relationship between the Self factor and the Exiles factor is not equally balanced. The items in the Exile factor are more strongly related to Self than Self items are related to Exiles. This suggests that the complexion of the Exile factor is more dependent on the state of Self than the Self factor is dependent on the state of Exiles. If so, this would support the IFS model's theoretical conception of exiled parts as being aspects of personality that emerge if there is not enough Self-energy to calm the system, and that can be transformed by an unconstrained connection with Self, both of which imply that Exiles are dependent on the state of Self. Self, on the other hand, is conceptualized as primary and essential to the internal system, and as existing intact even in traumatized systems and even when accessibility is constrained.

It was also hypothesized that all dimensions of parts and Self would be distinct. The hypothesis was supported. Results of the partial correlations indicated that that there was very little overlap; the vast majority of the partial correlations (220 out of 224) retained strong significance ($p < .000$), indicating that the subscales are reflecting distinct dimensions. The only exceptions occurred in relationship to the Exile factor. When Exiles was controlled for, the partial correlations between the following four combinations lost significance: Self-harming with Pleasing/Abandoned; Self-harming with Raging; Self-harming with Self-critical; and Self-critical with Dissociating. This suggests that the Exiles factor has some degree of overlap with these other parts factors. This may be due to the strong systemic relationship between the Exiles and those parts that are protecting them. It is possible that different items might improve the discreteness of these scales.

In order to further examine the construct validity of the measure, the issue of trauma was explored. According to IFS theory, polarized and conflicted internal systems result from various sorts of environmental constraints, especially trauma. Theoretically, other things being equal, the greater the degree of trauma, the more extreme the parts will be and the less access to Self there will be. It was thus hypothesized that a high-trauma group would score higher on parts and lower on Self than a low-trauma group. The hypothesis was supported. The scales that distinguish most powerfully between high and low trauma groups are Exiles, Anxious/Pessimistic, and Self, in that order. The Self-Critical scale distinguishes least powerfully between groups.

The results of the preliminary study (O'Neil, 2002) revealed no gender effects. Thus, it was hypothesized that there would be no differences in scores on any of the subscales between males and females. The hypothesis was not supported. Males scored higher than females on Self and lower than females on all parts subscales. This puzzled us, because IFS theory suggests that gender does not have a significant effect on the organization of the internal system. In a follow-up analysis we examined gender in relation to reported levels of trauma, and found that females reported significantly higher levels of trauma than males. When level of trauma was controlled for, significant gender differences disappeared, suggesting that the level of trauma is the important issue determining the degree of polarization in the internal system, and gender per se is irrelevant. This raises the question as to why no gender effects were revealed in the preliminary study. It is possible that the population was not large enough (N = 153) to reveal these effects.

The results of this study need to be considered in light of certain limitations. The population, although large and geographically broad, was not random. It was unbalanced in several respects, being predominantly Caucasian, female, and well educated. It also contained a large percentage of people (47%) who identified themselves as having experienced more traumatic experiences in their lives than most people. Because we wanted to explore the construct validity of the measure as it related to the issue of trauma, we intentionally

invited members of abuse-related survivor networks to participate in the research; this may limit the generalizability of results to other populations. The means and standard deviations of the measure, then, must be considered in this light. They do not reflect a random sample; rather they are representative of a population that is primarily Caucasian, well educated, and (by self-report) more traumatized than most. Because there were significant gender differences, separate norms for males and females have been calculated.

Since IFS therapists and clients were invited to participate in the research, some participants were familiar with the IFS model. No data was collected to determine the percentage of participants who were familiar with the model versus those who were not. Given the breadth of recruitment venues, we estimate that approximately ten percent of the participants may have been familiar with IFS. It is possible that this might have had some effect on the outcome, although the items did not use IFS-specific language; they were all simply stated in common language, merely asking how frequently people experienced various thoughts and feelings. In addition, all surveys were anonymous, and no one received feedback on their personal results, so there would have been no motive to manipulate answers or be less than honest.

Another issue than must be taken into consideration is the nature of the trauma assessment. Participants were asked to rate how much trauma of any kind they had experienced in their lives compared to others. This was admittedly an informal and subjective assessment in order to acquire preliminary data regarding the construct validity of the scale. Further validation using established measures of trauma would be necessary to confirm these findings, although the highly significant ($p < .000$) group differences are suggestive.

The method of data gathering is another variable that needs to be acknowledged. The participants that were acquired through classes, clinics, and social and professional networks were given printed questionnaires. Those that were acquired through Internet support groups took the questionnaire online at the Center for Self Leadership website. It is possible that this variation in protocol might have had some effect on responses.

As for the individual subscales, some of the original categories were not strong enough to be retained, or retained in a discrete form (e.g., Avoiding, Entitled, Striving, and Pleasing/Dependent). It is possible that finding stronger items for these categories would result in viable subscales. It is also possible that there are other important categories of parts that have been left out of the research entirely.

It is also necessary to keep in mind that this measure is necessarily a limited view of the richness of any individual's internal system. It attempts to give a profile of some of the dominant aspects of personality within the IFS framework. Parts, however, are as varied and individual as people are. Even within the same person and within one "category" of parts, there is an unlimited potential of possible parts, and each one needs to be addressed as a unique individual with unique fears, hopes, and needs. The goal of this measure is to give an indication of how strong the various categories of parts are, and how much Self-leadership is currently accessible.

It must be acknowledged that a self-report measure has many limitations. One limitation involves social desirability issues. It appears that this may have had a stronger effect on Self items than on parts items. As noted above, several items written for the Self scale proved too weak to retain. Their item-to-total correlations were adequate, but they did not distinguish well between groups.

Another limitation of self-report measures concerns the assessment of exiled parts. The Exiles subscale in this measure is a signpost giving some indication how many exiled parts are present and how distressed they are. However, parts that have been totally exiled (shut out of conscious awareness) will not show up in this measure, because the subjective nature of self-report limits the report to aspects of personality that the individual is consciously aware of. Preliminary experimentation with the measure suggests that, when one particular sort of part has been totally exiled, the profile may indicate relatively high scores on several subscales and an unusually low score on another. This observation will, of course, require further exploration.

In addition, there are other areas in need of further research. The measure will need to be validated using various populations. Further research using random samples, a larger number of males, and a wider distribution regarding educational background and ethnicity would be useful. It will also be helpful to use validated indices of trauma as well as other types of scales that would facilitate analysis of convergent and divergent validity. The use of path analysis to explore causal relationships between Self and parts would be most interesting. And finally, the relationship between culture and the concept of Self-leadership is a fascinating and very much open question.

The results of this research suggest that the profile derived from the IFS Scale will give clinicians and researchers a helpful overview of the internal system. Firstly, it will reveal how extreme the Exiles are, which will indicate how "fragile" the system is and how careful clinicians need to be as they enter the system. Secondly, it will indicate which categories of parts may be dominating the system. This will indicate what sort of parts are the primary protectors of the system, and how strong those parts are compared to other people in this relatively high-trauma population. Thirdly, it will reveal how much access the individual may have to Self. The pattern revealed by this scale will thus give an overview of how the internal system is organized and how long it might take to bring harmony and balance to that system.

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An Empirical Study of the Relationship Between Self-Leadership and Workaholism "Firefighter" Behaviors

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Abstract

The Internal Family System's Model proposes that individuals led by reactive firefighter behavior are in direct contrast to those who are Self-led individuals. However, this hypothesis was yet to be empirically tested until the present study examined Self-leadership as it related to a specific type of firefighter behavior: that of workaholism. A sample of 109 respondents completed The Self-Leadership Scale, Work Addiction Risk Test, and the Job Burnout Scale. As expected, a positive relationship was found between workaholism and burnout and an inverse relationship was found between Self-leadership and the firefighter behavior of workaholism. Moreover, there was a statistically significant difference between workaholics and non-workaholics on both Self-leadership and burnout, workaholics having lower mean Self-leadership scores and higher mean job burnout scores than non-workaholics. Implications of these findings for the Internal Family Systems Model were discussed.

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INTRODUCTION

The concepts of "Self-Leadership" and "workaholism firefighters" examined in this study are based on the communion of two separate bodies of work: the Internal Family Systems (IPS) model proposed by Richard Schwartz (1995, 2001), which identifies workaholism as a firefighter and the extensive research of Bryan Robinson (Robinson, 1998a; Robinson & Flowers, 2004), which defines workaholism as an addiction. Both bodies of work conceptualize workaholism as a form of escape from unresolved emotional pain.

Schwartz's Concept of Firefighters and Self Leadership

According to Schwartz (2001), the internal parts of us that go into action to put out emotional fires are called *firefighters*:

> "Firefighters do whatever it takes to deliver us out of the red alert condition. What's your first impulse when you first feel the desperate burning of hurt, emptiness, worthlessness, shame, rejection, loneliness, or fear? Which urge do you act upon to take away that fire in your belly? Which ones do you only fantasize? Many of us, in a compromise with our managers, binge on something socially acceptable--work, food, exercise, television, shopping, dieting, flirting, sleeping, prescription drugs, cigarettes, coffee, daydreams and fantasies, gambling, mediating, thrill-seeking activities--in an effort to distract from the flames until they burn themselves out or are doused." (p. 155-156).

The grouping of parts, described by Schwartz, is a process in which "firefighters" react powerfully and automatically when "exiles" (the deeper, more vulnerable parts of the system) are upset. Firefighters try to stifle or soothe the exiled part's feelings by

responding to threat of exposure or activation of the vulnerable exiled parts much like a firefighter to a fire- with urgency and alarm. Firefighter parts are a part of the human system because there are times that, despite the best efforts of the "managers" (the pre- emptive parts of the internal system), the exiles are activated and threaten to break out and take over. When this happens, firefighter parts leap into action to contain or extinguish the person's feelings, sensations, or images. The techniques firefighters use often include (but are not limited to) numbing activities such as self-mutilation, binge eating, drug or alcohol abuse, excessive masturbation, or workaholism.

Firefighter parts can also be in both a polarized and a collaborative relationship with manager parts. When in a collaborative role, firefighters serve as back-up protection for the manager from a take-over by the exiled parts, and when they are in a polarized relationship, they serve to bring a needed relief to the system. When activated, the firefighters can take over control so the person feels nothing but the compulsion to engage in dissociative or self-soothing activities. These firefighters can make the person extremely self-absorbed and increase their demand for excessive material gain, numbing activities and protective rage.

Individuals led by their reactive firefighters are in direct contrast to those who are Self-led individuals. Self-Leadership is reflected in active, compassionate personalities who hold diversity and unity in balance and exhibit eight types of self-energy in their daily lives: calm, clarity, curiosity, compassion, confidence, courage, creativity, and connectedness (Schwartz, 2001). In terms of Self-leadership, self-led individuals would be what Robinson (1998a) refers to as balanced or healthy workers in contrast to those who engage in compulsive overworking as an avoidant reaction.

One can imagine, as in the case of someone suffering from workaholism, how the firefighter parts would playa role in the system. Often companies not only encourage but also demand from their employees a predominance of these protective parts. For example, requiring long hours dedicated to work encourages the domination of manager parts to maintain focus. This suppresses other parts that want other things like having leisure and family time. When these parts begin to press forward, the threat to the person's success in the company then further triggers numbing or distracting activities.

We are all familiar with the workaholic father who avoids family life because it uncomfortably and painfully reminds him of his own unhappy childhood or unhappy marriage. This suppressed unhappiness triggers firefighter parts to create real or imagined emergencies at work to take him away from time with the family. On a recent trip to Disney World, a father was observed talking on his cell phone to his company about how to save the potential loss of a client while he was riding on a ride with his son.

Firefighter parts can also help the person feel alive, energized, and fully engaged when the protective manager stifles the emotional atmosphere of the internal system. The problem is that they have to maintain this external stimulation continuously in order to prevent the exiles from taking over. A recent client discussed that he is tired of his work and social engagements. As we explored the fear of what would happen if he relaxed, he talked about the immense fear he felt about being pulled back into feelings of loneliness if he relaxed.

Robinson's Concept of Workaholism as an Addiction

Although Robinson (2000a, 2000b, 2000c; 2001) cites workaholism as the best- dressed mental health problem of the twenty-first century, he contends that the subject has been downplayed, ignored or extolled in the professional literature. Although the term has been variously defined in the literature (see Robinson & Flowers, 2004, for a review), "workaholism" is defined in this article as a compulsive and progressive, potentially fatal disorder, characterized by self-imposed demands, compulsive overworking, inability to regulate work habits, and an overindulgence in work to the exclusion and detriment of intimate relationships and major life activities (Robinson, 1998a).

Historically, the study of workaholism was focused on its implications for work productivity, career counseling, and organizational management (e.g., Burke, 2000, 2004; Matthews & Halbrook, 1990; Naughton, 1987; Porter, 1996, 1998,2004; Robinson, 1989, 1999). In the same way alcoholism and substance abuse had been shown to deleteriously impact families, Robinson and his colleagues at the University of North Carolina at Charlotte began to study workaholism as an addiction in the same way researchers had studied alcoholism, substance abuse, and other "firefighter' behaviors in terms of family functioning (e.g. Robinson, 1998b; Robinson & Post, 1995b, 1997; Robinson, Flowers, & Carroll, 2001).

The structural and dynamic characteristics of the workaholic family indicated that all family members can be negatively affected by workaholism, like alcoholism, and can develop a set of mental health problems of their own (Robinson, 1996b, 1996c, 1998b,

200 I; Robinson & Chase, 200 I). The bulk of clinical data (Robinson, 1998c, 2000a, 2000b, 2000c) and empirical study (Carroll & Robinson, 2000, Navarette, 1998; Robinson & Carroll, 1999; Robinson & Kelley, 1998; Searcy, 2000) has focused on adult children of workaholics. Generally, these findings suggest that adult children of workaholics have greater psychological problems and more health complaints than adult children of non-workaholics. Additional studies examining the marital relationship (Robinson, Carroll, & Flowers, 2001; Robinson, Flowers, & Ng, in press) indicate that workaholic behavior is positively related to marital estrangement and that spouses of workaholics report greater marital estrangement and less positive affect toward their workaholic mates and higher external locus of control than spouses of non-workaholics.

These studies were possible because of the recent development of a psychometrically sound instrument that has allowed the objective measurement of the concept of workaholism (Robinson, 1998a). As a first study of its kind, the present investigation sought to extend our understanding of workaholism as it related to Schwartz's concept of Self-Leadership and firefighter behavior, which are also concepts about which little is empirically known. The recent development of an empirically sound instrument that quantified "Self-Leadership" also makes it possible to conduct research on Self-Leadership and its correlates (Steinhardt, Dolbier, Mallon, & Adams, 2003). Based on Internal Family Systems Theory, it is expected that a negative correlation exists between Self-Leadership and workaholism and Self- leadership and burnout. Moreover, it is predicted that the two instruments, The Self- Leadership Scale (Steinhardt et al., 2003) and the Work Addiction Risk Test (Robinson, 1998a) will exhibit relatively high reliability scores.

METHOD

Participants

Participants for this study were a convenience sample of individuals *(N* = 109) in various higher educational settings in the state of North Carolina. The sample included graduate students in university classes and professionals participating in in-service training seminars.

Most of the respondents were female (77.8%, *n* = 84). Approximately half of the respondents were married (55.3%, *n* = 60), followed by a smaller percentage of respondents that were divorced (21.1 %, *n = 23),* never married (19.3%, *n = 21),* widowed (1.8%, *n = 2).* Three respondents did not report their marital status. The respondents were predominantly white (83.5%, *n = 91),* followed by respondents that self-identified as black (8.3%, *n = 9),* Latino (2.8%), *n = 3),* and Asian (.9%, n *= 1).* Five respondents (4.6%) did not report their race. Respondents' educational levels were masters degree (54.1%, *n = 59),* bachelors degree (22.0%), *n = 24),* doctoral degree (13.8%, *n = 15),* and high school degree (6.4%, *n = 7).* Four respondents did not report their educational level. Respondents worked an average of 41.4 (SD= 9.9) hours per week.

Scores on the WART were employed to separate the sample into two groups: workaholics *(n* = 32) and non-workaholics *(n* = 77). Respondents who scored 60 or higher on the W ART were classified into the workaholic groups, and those below 60 were grouped into the non-workaholic group. This cut-off score criterion was based on previous research (Flowers & Robinson, 2002).

Procedure

With instructors' permission, and at their convenience, participants were invited to take part in this study. Respondents who volunteered to participate were given a packet containing an informed consent letter, a demographic form, and the three instruments chosen for use in this study. As a preventive measure, the instruments were randomly ordered so that the instruments themselves did not influence the results. Surveys were completed in the training/educational setting and returned to the administrator. The administration process required about 20 to 30 minutes.

Instruments

Demographic Form. The demographic form contained six questions regarding general demographics about the respondents, including gender, year of birth, marital status, race, highest degree earned, and number of hours worked per week.

The Work Addiction Risk Test (WART). The WART (Robinson, 1998a) is a 25-item inventory that measures addictive working patterns (see Table 1). Respondents rate items on a 4-point scale ranging from *never true* (1) to *always true* (4) according to how well each item describes their work habits. Six scores can be calculated from the WART, five subscale scores and an overall score. The five subscales are (a) compulsive tendencies, (b) control, (C) impaired communication, (d) inability to delegate, and (e) self-worth. The subscale scores are calculated by averaging the item values within each subscale. The overall score is calculated by summing

across all items. The higher the score, the greater the risk of workaholism (Flowers & Robinson, 2001).

Table 1
The Work Addiction Risk Test (WART)

Instructions: Using the rating scale of 1 (never true), 2 (sometimes true) 3 (often true), or 4 (always true). Put the number that best describes your work habits in the blank beside each statement.

1. I prefer to do most things rather than ask for help.
2. I get impatient when I have to wait for someone else or when something takes too long.
3. I seem to be in a hurry and racing against the clock.
4. I get irritated when I am interrupted while I am in the middle of something.
5. I stay busy and keep many irons in the fire.
6. I find myself doing two or three things at one time, such as eating lunch and writing a memo while talking on the telephone.
7. I over-commit myself by biting off more than I can chew.
8. I feel guilty when I am not working on something.
9. It's important that I see the concrete results of what I do.
10. I am more interested in the final result of my work than in the process.
11. Things just never seem to move fast enough or get done fast enough for me.
12. I lose my temper when things don't go my way or work out to suit me.
13. I ask the same question over again, without realizing it after I've already been given the answer once.
14. I spend a lot of time mentally planning and thinking about future events while tuning out the here and now.
15. I find myself continuing to work after my coworkers have called it quits.
16. I get angry when people don't meet my standards of perfection.
17. I get upset when I am in situations where I cannot be in control.
18. I tend to put myself under pressure from self-imposed deadline when I work.
19. It is hard for me to relax when I'm not working.
20. I spend more time working than socializing with friends or on hobbies or leisure activities.
21. I dive into projects to get a head start before all the phases have been finalized.
22. I get upset with myself for making even the smallest mistake.
23. I put more thought, time, and energy into my work than I do into my relationships with loved ones and friends.
24. I forget, ignore, or minimize celebrations such as birthdays, reunions, anniversaries, or holidays.
25. I make important decisions before I have all the facts and have a chance to think them through.

WART reprinted from *Chained to the Desk: A Guidebook for Workaholics, Their Partners and Children, and the Clinicians Who Treat Them* by Bryan Robinson, copyright 1998a. New York University Press.

Several studies have examined the reliability of scores from the WART. In one study, the test-retest reliability coefficient was. 83, and the coefficient alpha was .85 (Robinson, Post, & Khakee, 1992). In another study using a sample of 442 respondents from diverse groups, the split-half reliability was .85 (Robinson & Post, 1995a). In assessing the validity of scores from the WART, the scales demonstrated face validity: Overdoing, Self-Worth, Control/Perfectionism, Intimacy and Future Reference/Mental Preoccupation (Robinson & Post, 1994). Twenty psychotherapists critically examined the 25 WART items for content validity. They were instructed to identify the 25 items from a list of 35 test items that most accurately measured workaholism (Robinson & Phillips, 1995). The authors reported high alignment of the items for the domains of workaholism. Concurrent validity was investigated by correlating the scores on the WART with four scales on the Jenkins Activity Survey (Jenkins, Rosenman, & Friedman, 1967). The correlation coefficients between the WART and four scales ranged from .20 to .50 (Robinson, 1996a). Scores on the WART also correlated .40 with generalized anxiety on the State-Trait Anxiety Inventory (Spielberger, Gorsuch, & Lushene, 1968). Construct validity of scores from the WART was examined by analyzing the underlying dimensions of the WART and investigating the accuracy of the WART scores to discriminate between workaholics and a control group (Flowers & Robinson, *2002).* The results suggest that workaholism, as measured by the WART, is not a unidimensional construct. Five subscales were identified, and the WART scores produced an 88.5% correct classification rate.

The Self-Leadership Scale. The Self-Leadership Scale (Steinhardt et al., 2003) is a 50-item instrument that measures Self-Leadership as it is conceptualized within the Internal Family Systems model. Items represent each of the eight qualities that have been used clinically to define Self-Leadership. Sample items are as follows: "I feel a sense of inner' peace" (calm), "1 can see things as they are" (clarity), "I am open to new ideas and ways of looking at things" (curiosity), "I treat myself with kindness" (compassion), "I can handle present situations" (confidence), "1 embrace life's challenges" (courage), "I am full of new ideas" (creativity), and "I feel a close bond with at least one other person" (connectedness) (Steinhardt et al., 2003). Respondents are asked to indicate the frequency with which they experience each statement on a Likert scale ranging from 1= *never/almost never,* 2= *rarely,* 3= *sometimes,* 4= *often, and 5= always/almost always.* The scale has demonstrated adequate internal consistency (Cronbach's alpha was .95) and construct validity as well as marginal test- retest reliability (r = .66, p <. 001). Moreover, the items were found to relate to measures of well being representative of one's internal environment (e.g., general health perceptions, life satisfaction) and measures of work indicative of one's external environment (e.g., supervisor support, work stress, job satisfaction).

Burnout Inventory. The Burnout Inventory is a 21-item inventory that represents the three components of burnout: physical exhaustion, emotional exhaustion, and mental exhaustion (pines & Aronson, 1988). Respondents rate items on a 7-point scale ranging from *never* (1) to *always* (7). Test-retest reliability coefficient was found to be .89 for a one-month interval, .76 for a two-month interval and .66 for a four-month interval (pines & Aronson, 1988). The values of alpha coefficients ranged from .91 to .93. All items had a statistically significant relationship with the composite score ($p < .01$). A factor analysis suggested a single meaningful construct. Construct validity was examined by correlating the burnout score with several other theoretically relevant measures: for example, burnout was negatively correlated with self-ratings of satisfaction from work, life, and self, ranging from r = -.62 to -.65. Burnout was also correlated with intention to leave the job (r = .58, $p < .01$), on-duty symptoms of headaches (r = .32, $p < .001$), loss of appetite (r = .33, p < .001), nervousness (r = .38, p < .001), backaches (F = .20, $p < .001$), and stomach aches (r = .32, $p < .001$).

RESULTS

Before the statistical analyses were conducted to examine differences between non-workaholic and workaholic groups, the data were screened for outliers, normality of distributions, and homogeneity of variance between groups (i.e., workaholic and non-workaholic). The coefficient alpha calculated from the responses of the participants was .85 for the WART, .77 for the Self-Leadership Scale, and .86 for the Burnout Inventory, which suggested reasonably stable scores from the instruments for use in research. There was a positive relationship between scores on the WART and those on the Burnout Inventory (r = .43) and an inverse relationship between the WART and the Self-Leadership Scale (r = -29).

The means, standard deviations, and skewedness values by groups are reported in Table 2. There were no outliers detected (i.e., individual scores 3.5 standard deviations from the mean); furthermore, the skewedness values and visual inspection of the distributions indicated no serious departures for normality (i.e., all skewedness coefficients resulted in absolute values of less than 1). Levine's tests for homogeneity of group variance were not statistically significant for Self-Leadership (F = 1.6, $p < 20$) or Burnout (F = 2.32, $p <$ .13).

Table 2
Means, Standard Deviations, and Skewedness for Self-Leadership and Burnout by Groups

	Non-workaholics (n= 77)			Workaholics (n~ 32)		
	M	**SD**	**SK**	**M**	**SD**	**SK**
Self-Leadership	193.33	16.07	-.59	180.79	19.86	.65
Burnout	2.96	.75	.92	3.71	.89	.28

Because there was a correlation between Self-Leadership and Burnout (r = .65, $p < .01$), a two-group MANOVA was conducted. The dependent variables were Self-Leadership and Burnout and the independent variable was workaholic status. The assumption of equality of covariance matrices was satisfied [Box's M = 5.17, F (3, 69180) = 4.67, $p < .17$]. There was a significant difference between workaholic and non-workaholic groups on the combined dependent variables (Hotelling's T= .19, F (2, 106) = 10.26, $p < .001$]. The partial eta squared (.163) indicated that approximately 16% of the variability in the dependent variables could be accounted for by the workaholic status. Univariate t-tests were performed to examine differences between the groups on the dependent variables, but each test was examined at the .025 level of significance to protect against an increase in Type I error rate due to multiple statistical tests. The results of the t-tests suggested that there were significant differences between the groups on both Self-Leadership [t (107) = 3.45, $p < .001$] and Burnout [t (107) = - 4.45, $p < .001$]. The magnitude of differences between the two group means, as described by Cohen (1988), was moderate for Self-Leadership (Hedges' g =. 73) and large for Burnout (Hedges' g = .94). The workaholic group had a significantly lower Self-Leadership mean and a significantly higher Burnout mean than the non-workaholic group.

In a previous study (Flowers & Robinson, 2002) factor analyses indicated that the WART has five underlying dimensions; however, only three of those dimensions (or subscales) significantly separated workaholics from non-workaholics: (a) Compulsive Tendencies, (b) Control, and (c) Impaired Communication. To explain the variance of Self-Leadership using the three dimensions of workaholism and burnout, a standard regression was conducted. Self-Leadership was the dependent variable and the independent variables were (a) Compulsive Tendencies, (b) Control, (c) Impaired Communication, and (d) Burnout. The results of the multiple regression are reported in Table 3. The R^2 for the regression equation was .49 (adjusted R^2 = .47), which was statistically significant (F = 24.99, $p < .001$). The variance inflation factor (VIF) for the independent

variables ranged from 1.05 to 1.47, suggesting co-linearity among the independent variables did not adversely influence the estimation of the regression coefficients. Three of the four independent variables were statistically significant: Compulsive Tendencies, Control, and Burnout. The semi-partial correlation coefficients (*sr*) indicated that Burnout and Control had an inverse relationship with Self-Leadership, with coefficients of -.60 and -.20, respectively. Compulsive Tendencies had a positive relationship with Self-Leadership (*sr* = .25).

Table 3
Correlations on Burnout, Self-Leadership, and Sub-domains of the WART

	Zero-order Correlation Coefficients .							
	Self-led	Compul	Control.	Impair	Burnout	ß	t-value	*sr*
Compulsive	-.09	(.71)				.22	2.69*	.25
Control	-.37	.45	(.77)			-.17	-2.05*	-.20
Impair Comm	-.37	.43	.46	(.59)		-.16	-1.85	-.18
Burnout	-.66	.28	.37	.38	(.86)	-.59	-7.59*	-.60
Means	189.65	2.44	2.13	1.79	3.18	R^2 = .49		
SD	18.10	.56	.45	.46	.86			

Note. **Coefficient alpha are reported in parenthesis.**

DISCUSSION

The literature on Self-Leadership proposes that the more people are Self-Led, the less likely their parts are leading their lives which promotes healthier relationships and healthier family functioning (Cohen & Johanson, 2003; Schwartz, 1995, 2001). Empirical research is beginning to measure aspects of the Self and Self-leadership that have been, until now, only conceptual in nature. A recent study (Townsend & McWhirter, 2005), for example, reviewed the concept of "connectedness", a characteristic of Self-leadership, with its implications for assessment and research. Following in that vein, the current study is the first of its kind to empirically test the relationship between Self-leadership and firefighter behavior and presents the first empirical data to support aspects of Internal Family Systems Theory.

Across the board, the results reported here indicate that workaholics not only have greater burnout but also are less Self-led than non-workaholics. In fact, the tendency to be Self-Led decreased the tendency toward firefighter (i.e., workaholic) behavior and decreased the tendency toward burnout. In addition, the more Self-Led individuals were, the less controlling they were and the less likely their communication was impaired.

In the Internal Family Systems model, "control," "impaired communication," and "compulsivity" would be considered parts of the system that, when present, contraindicate Self-Leadership. With the exception of the positive relationship between Self-Leadership and Compulsivity, the inverse relationship between Self-Leadership and Control and Impaired Communication provide partial support for the IPS model in terms of the relationship between Self and parts in the system. Cohen and Johanson (2003) underscore the significance of Self-Leadership vis a vis couple and family relationships:

> The same principles that hold for "parts" and "Self' within people also hold up as systems principles between people. Whether in couples, families, groups, or professional relationships, it is a key component of emotional intelligence to know one's parts with a wisdom and compassion through which the Self is allowed to speak thoughtfully and passionately for the parts, as opposed to reactively and defensively from them. When one or both partners in a relationship can speak for instead of from their parts, harmful habitual reactions and unhealthy patterns can be transcended, while more nourishing and productive interactions are encouraged (p. 5).

Perhaps the most perplexing yet intriguing finding in this study was the positive relationship between Compulsive Tendencies and Self-Leadership. In the data analysis, once the negative noise (aspects of the part) of Compulsivity was partitioned out (i.e., that aspect of Compulsive Tendencies that contributed to the inverse relationship between Self-Leadership and Workaholism), there was an aspect of positive Compulsive Tendencies that remained-- a positive compulsivity, if you will (e.g., tenacity, strength, persistence, competence, and confidence), that correlated with Self- Leadership. In other words, it is suggested that the reactive firefighter aspects of the Compulsive Tendencies subscale, when combined with Control and Impaired Relationships, accounted for the inverse relationship with Self-Leadership. On the other hand, since it has been postulated that all parts contain an active Self (Schwartz, 1995; 2001), it is suggested that the positive correlation between Compulsive Tendencies and Self-Leadership can be accounted for by the remaining aspects of active Self-energy contained in the “compulsive” part.

Findings reported here also corroborate the clinical reports in the literature on workaholism that suggests that workaholism, as a firefighter, is related to lower Self-leadership. In previous studies, workaholism was

negatively related to psychological well being (Burke, 2004) and positively related to marital dissatisfaction and marital discord, wreaking havoc on the marital bond (Robinson, Carroll, & Flowers, 2001). Moreover, workaholic behavior was found to be positively related to marital estrangement (Robinson, Flowers, & Ng, in press). The most important workaholic domains for predicting marital disaffection were over-controlling behaviors and impaired communication, both of which could be defined as manager parts in the IPS model.

LIMITATIONS

The results of this research should be considered in light of certain limitations. The sample is quite small and is a non-randomized group based on self-report data, which are subjective representations of the respondents. A sample of convenience also limits the generalizability of the findings to other populations. Lastly, workaholism is only one type of firefighter behavior; thus, caution must be exercised in drawing generalizations that negatively correlate Self-leadership with other firefighter behaviors. It is recommended that future research examine the relationship between Self-leadership and other firefighter behaviors that have been historically referred to as addictions: gambling, shopping, compulsive overeating, alcoholism, etc. In addition, it is suggested that future studies also examine the relationship between Self-leadership and other more benign types of firefighter behaviors (e.g., daydreaming, meditating, pastimes, and humor) to determine if there are nuances in the relationships between various firefighter types and Self-Leadership.

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IFS Applied To Migraine Management: Two Cases Reports

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Abstract

The sessions of two migraine sufferers undergoing successful Internal Family Systems[sm] (IFS) therapy are reported in detail. Linkages are discussed between psychological processes and the occurrence of migraine attacks. The results of the study suggest how IFS therapy may be useful in framing a new approach for understanding the dynamics of migraine headaches from an intrapsychic perspective.

INTRODUCTION

Migraine is a widespread disease affecting 16% of the population (Rasmussen, 1995). It is characterized by a throbbing headache, often combined with nausea or even vomiting. In certain cases, an aura, a neurological trouble that never lasts more than an hour, occurs before the onset of the headache, itself. Most of the time, it is either, visual disorders – such as lost of sight or flickering, or a speaking or sensitivity disorder that occurs. The frequency, intensity and strength of the attacks are very unpredictable and can lead to a noticeable disruption of the professional or personal life.

The meningeal arteries and the cerebral cortex are the main structures implicated in the pathophysiology of migraine headaches. The pain is due to a vasodilatation of the meningeal arteries associated therein to a so-called neurogenic inflammation, secondary to the activation of the trigeminal nerve and the brainstem. It is now accepted that the aura is due to a depressing current of the cerebral activity moving from the visual areas to the anterior part of the brain.

The treatment of a migraine attack is based on the prescription of painkilling drugs**,** combating the inflammation**,** or on triptans**,** preventing the vasodilatation of the meningeal arteries. Long-term treatment aims at preventing the attacks from happening (i.e. prophylaxis**),** Beta-blockers (e.g., propranolol), several anti-epileptics (e.g., epitomax, lamotrigine), and desernil are examples of medicines used for controlling migraines.

Non-medicinal approaches have also been developed. Relaxation, biofeedback as well as behavioural and cognitive therapies can be used in order to manage stress.

The psychosomatic approach to migraine-suffering patients is based on two arguments. On the one hand, the stress, along with nutrition or hormonal factors or the prolonged exposition to light, is known as one of the main factors triggering the attacks. On the other hand, the limbic system, in its ability to directly inhibit intrapsychic life, is for some authors implicated into a net of cerebral structures involved in the activation of the vascular and trigeminal system (Burstein, 2005).

THE INTERNAL FAMILY SYSTEMS[sm] MODEL

Schwartz (1995) first provided a detailed description of his model, which he called the "internal family system" (IFS). Many theoreticians of psychic life, such as Freud, Winnicott and Jung had already described the phenomenon of multiplicity within a person's mental life. It is in the spirit of that thought that the IFS model describes the psyche of a person as a gathering of "parts" (or sub-personalities) developed and linked to the main central "Self".

A "part" is defined "not only as a temporary emotional state or a pattern of thoughts, it is a self-governing mental system, with its very own range of emotions, way of expression, abilities, desires, and feelings to the world". According to Schwartz (1995), we are all born with them or their potential, and they all want something positive for us.

There are two main categories of extreme roles that parts are forced into in the absence of Self leadership in the internal system due to some psychological trauma or de-valuing experience: the protectors and the exiles.

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The exiles are the suffering rejected parts, bearing the pain, the shame, the guilt all linked to situations faced by the person.
The protectors are of two types: the managers and the firefighters. Their function is to protect the exiles and the Self with both their own strategies. The managers try to anticipate by controlling the environment and keep the interior system unchanged. The firefighters act retroactively attenuating or distracting painful feelings induced by the reactivation of an exile.

The Central Self represents the seat of consciousness, the very essence of one person and is above all, the natural leader of the parts system. The Self can thus be compared to a conductor whose musicians would be the parts. It functions to keep the system both united and multiple. The *Self leadership* of a person can then be described: it is the ability that a person's Self has to make the parts system (internal) meet with stressing situations (external) and turn these in opportunities of development rather that undergoing them as repetitions of past events. (Steinhardt, 2003.)

The parts can then be defined as gathered in aggregates, focused on the exiles and surrounded by the protectors. The main feature of these groups is their steadiness. The resulting micro-systems remain in a repetitive reaction pattern and therefore have a tendency to substitute more or less strongly for the governing Self in order to govern psychic life. A therapeutic technique for working with this internal system has been developed by Schwartz. It is based on a conscious identification of the parts, the gathering of the parts and the Self, and the emotional relief of the exiles. Schwartz claims that the model is efficient in its ability to ease the micro-systems, as well as allowing internal psychic readjustment aimed at increasing the level of Self-leadership. Schwartz describes the effectiveness of the Internal family Systems model in treating a wide range of ailments and is useful in conjunction with other modalities of therapy, including individual, couple, family, group, and other forms of psychotherapy (Schwartz, 1995).

Up until now, the field of action of IFS has never directly been linked to medical issues. The purpose of this article is to report two cases of migraine-suffering patients treated by IFS. The detailed nature of these descriptions comply with the objective to show that IFS can be used not only as a treatment but also as a tool for exploring the psyche with the goal of releasing the psychic substructure of this pathology.

It will be described how IFS processes have been carried out on two migraine-suffering patients who were not to be treated by psychotherapy in the first place, but who agreed to a non-medical treatment approach. One case will show how a year-long trial of IFS therapy resulted in improvement, and the other case will show how three sessions of IFS therapy in six months allowed significant improvement, as well.

CASES REPORTS

CASE REPORT #1

Session 1

Jacqueline was 45 years old, had two daughters and was running a delicatessen shop with her husband. She happened to have, for some years, up to three or four migraines attacks a month which could last several hours and interfere quite a lot with her professional activities and her personal life. Jacqueline talked a lot about how much work she had to do and how much energy she used everyday, just so that she could face the needs from, the shop, the clients and her family. She described herself as hyperactive and constantly feared that she wouldn't be up to the task. The "Calculator" was the name she gave to the part of herself that was trying to control the situation and that never let anything go out of control, regarding the organization and the realization of her work. As Jacqueline was asked to search for another fragile part possibly polarized to the Calculator, a story from childhood came to her mind. She was a teenager at that time, and she was standing in her parent's store. As they were having quite an unusual and violent dispute, she realized that maybe her parents were not as close to each other, as she always had thought they were, and that they could separate. At that moment, a part called the "Worried Teenager" appeared who got the notion that what the child always had thought was immutable, could actually break down and with a feeling of paralyzing fear, dreadfully experienced the routine break-up.

The circumstances triggering the migraines were corresponding to moments with a brutal change either from Jacqueline's work condition or workload, and where she needed to adapt. At that moment, the Calculator would take over and spends a lot of energy. *"The migraine then comes like a 'chopper'"* Jacqueline said, cutting down the power to the excessive activity.

Before she left, it was suggested to Jacqueline that she take a 30-minute walk every Monday in order to connect with the Worried Teenager.

Session 2

Since the session three months earlier**,** the situation regarding migraines seemed to have changed. They were less frequent (it used to be 9 to 12; it was now 5 for the same time period). The pain was reduced and could stop without using any treatment. This change held in the fact that Jacqueline, whenever she felt she was going to have a migraine, did things more slowly.

As Jacqueline couldn't fulfill her commitment of talking a weekly 30 minute walk, it was suggested to her to fulfill the commitment she made to the Worried Teenager again in order to make this part feel more confident before going on with IFS work

Session 3

Since the previous session, Jacqueline only had one migraine the month before, but a very intense one. It happened, once again, in a context of increased activity. The commitment she made with the exile could be fulfilled this time, since Jacqueline found what she never found before, a moment during the week when she could be with herself.

The session started with a free interview. Jacqueline wanted to talk about her childhood and especially about Nicole who was the only person she had had a relationship with in this period of her life, except for her parents with whom her relationship was poor. Nicole had a lower class background than Jacqueline and used to emotionally blackmail her into lending her own toys and was depriving her of them. When Jacqueline turned eighteen, she resisted once for the first time and refused to lend her brand new bike, and as a consequence, few days later, she realized that Nicole wasn't coming to see her anymore. From that moment, Jacqueline became aware that, when she found herself facing a hostile reaction from Nicole, she put own needs in the background, for good.

IFS work started once again with the Worried Teenager, sitting on her bed, with a feeling of loneliness and abandonment, drifting away from life. Her belief was: "Here's what you get for saying no: Abandonment".

The Worried Teenager accepted the connection with Jacqueline (as a Self) and understood throughout this experience that she was indefectibly present and that she would never be alone as long as there would be a connection between them. Jacqueline then felt that the anxiety slowly faded away, thanks to the contact between her and the Worried Teenager. She started to feel relieved and relaxed. As a consequence the Worried Teenager spontaneously got back her ability to say "NO", without fearing any possible negative consequences and faded into the "Reassured Teenager". We assumed that until this moment, and because Jacqueline had lost her ability to assert herself, the migraines were coming just to make sure that what was going wrong would stop.

We both agreed that Jacqueline still had to connect mindfully, if necessary, to this Worried Teenager part every week, if she felt it was present. Otherwise, it was suggested to Jacqueline to use the image of her holding hands with the Reassured Teenager, now able to say "NO".

Session 4

In Session 4, the new point was that there was no new migraine by the end of the year during holidays.

Jacqueline said that *"By arranging and taking things one by one"* she enjoyed these holidays more than those of the past years. She didn't experience any migraine and this, she said, hadn't happened in many years.

In the following two months, Jacqueline experienced the same, yet less intense, number of migraines. But the moments of conscious connection between Jacqueline and the adolescent never happened. This could have been the result of a poor health period responsible for anxiety. Throughout this anxious period caused by the fear of disease, the Calculator had been on quite a lot, during her work time. As a matter of fact, Jacqueline admitted that this part had been responsible for preventing her from connecting with the adolescent on the couch, even though she had really needed it.

For Jacqueline, this was a feeling of insecurity that she felt quite early, which she absorbed from her mother. As she was asked to use paper and markers to depict her inner state, Jacqueline drew this anxiety part as a chain surrounding her arms, immobilizing her, with the intention of making Jacqueline stand still (Figure A). Its statement was, *"Be a good girl, don't move. Surrender yourself to the way I choose for your life, not to be the source of any anxiety for us (by becoming married, family mother, steady work…)"*. As a result, the patient became enslaved to the maternal injunctions. Also in the drawing, she was able to unblend from the part, and it showed itself as a rectangular container that contained anger (which was colored in red inside the container). Its message was (in French) *allez vous faire foutre,* or "Go to Hell!"

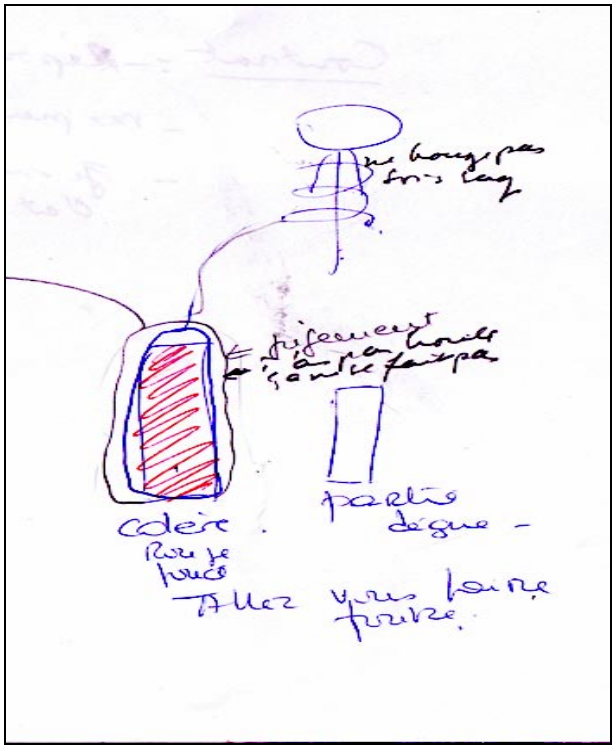

Figure A

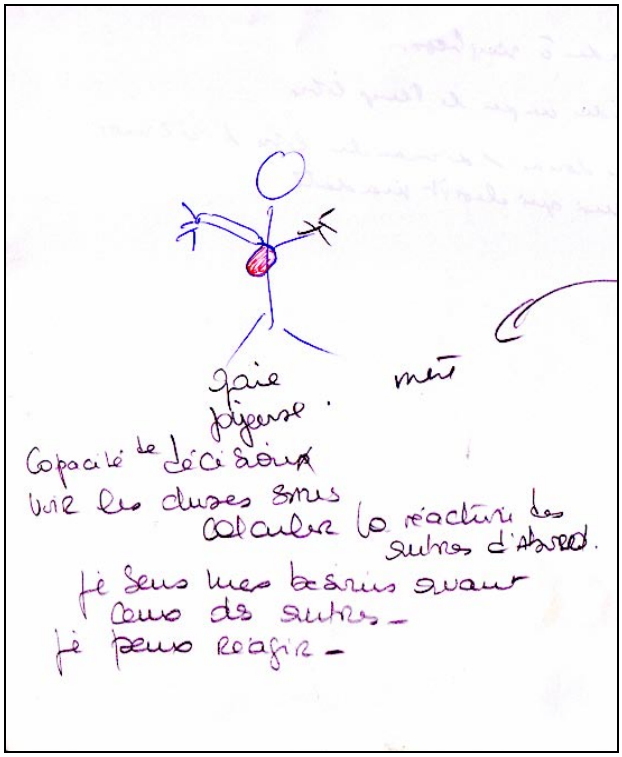

Figure B

During the graphic process an angry part appeared whose message came out this way: *"Aren't you ashamed? Don't do such things..."* (See Figure A).

It was also surrounded by the chain as well as was the patient's body.

Throughout a repositioning process including these two parts, Jacqueline was finally asked to give the shame back respectfully to her mother. As a result, relief appeared as well as energy, allowing the patient to free herself from her mother's anxiety that she wore on her chest and around her arms (Figure B). Eventually, the anger faded into a joyful part in her chest (changing from a large rectangular container to her heart), replacing her mother's anxiety. And resources then appeared:

"I'm capable to decide my life"

"I'm allowed to make decisions which I think are good for me, before even thinking of what the other could think of it"

"I put my needs first"

"I can react"

In the original drawing, the heart was colored red.

Session 5

Jacqueline was lively: things really had changed for her since the last session. "This session surely moved a lot of things inside," she said.

She came with a list of everything she accomplished without any apparent difficulty. Jacqueline was really amazed with such concrete changes in her everyday life. She felt she could assert herself much more easily, and put limits to what she could be asked and that appeared excessive to her.

She only had one migraine in two months (6 to 8 before). In the future, she'll know how to be vigilant and how to pinpoint the situations where she would not respect her needs.

CASE REPORT #2

In January 2005, Sarah, aged 19, came for an appointment along with her mother, as she was suffering from migraines. Throughout the whole visit, she seemed shy, and hardly talked about her symptoms, while her mother appeared quite worried regarding the aggravation of the situation.

Indeed, ever since she was ten, Sarah had had migraines, and the attacks became more and more frequent during the past year. Sarah worried quit a lot

while preparing her high school graduation exam. This anxiety showed how important her lack of self-confidence was. Since the beginning of the new school term, she had trouble having a normal school life because of her more and more frequent and intense attacks (almost every day).

Session 1

The IFS part identification process showed that there were two parts polarized from each other:

On one side, she identified the "Free Girl" who wanted to go out without asking for permission, see her friends, attend parties, but who was stuck with an enslaved part: the "Good Girl".

The Good Girl was here to respond to the mother's desires. Indeed, they shared a very close relationship. Sarah's mother seemed to have no social horizon but her daughter's, and her relationship with her husband was poor. The Good Girl's function was to fulfil an insatiable need for affection. She protected Sarah from the angst of seeing her mother feeling abandoned, if her daughter ever felt like denying her the right to her insatiable affective requests.

It wasn't possible to separate Good Girl from the Self, and attempts to connect Sarah with this part always failed as Sarah totally identified herself (i.e., was "blended") with this part. Eventually, Sarah was told that the Good Girl probably held the Free Girl back. It couldn't be verified, given the fact that the Self and the part couldn't separate.

As an opportunity of direct access (an IFS technique in which the therapist talks directly to a part – Schwartz, 1995) came up, the Good Girl said that her deep intention was to prevent the Free Girl from misbehaving and worrying her mother who she felt was fragile and had to be protected. The session finished on the guess that the migraine was a way for the Free Girl to express her desire to make her way out. Sarah not only understood this interpretation but also accepted it. However, she claimed she didn't want to modify the system. We could assume that it was not the Self that was talking here, but a protector. The system appeared quite locked up, as it was noticeable that there had been no physical emotional reaction throughout the whole visit and that a manager part got the last word.

Session 2

Since the last session, Sarah slightly had fewer attacks. She was much more attentive to herself though, so that she took her medication sooner during the migraines, which lowered their intensity.
Moreover, Sarah noticed a modification in her relationship with her mom as she was growing away from her. She was surprised that she didn't sum up the last session to her, whereas she would have done it in the past.

Sarah stated that her migraines occurred each Tuesdays and Fridays, which were the days she was more likely to go out with her friends. Since the last session, the attacks never allowed her to do so. Again, it was suggested to Sarah that her migraines could be linked to the conflict that both the Good Girl and the Free Girl had.

Sarah admitted that she felt guilty thinking that she could durably grow away from her mother and we she could secondarily identify that in fact, it was the Good Girl who was bearing that guilt. She thought it would make her the instigator of a pain she doesn't want to be held responsible for.

It was suggested to Sarah to symbolize this guilt by a pillow put against her chest, which was the place where she told she felt the guilt manifested itself. The pressure gradually increased. At a certain point, the feeling of oppression became strong, but didn't trigger in Sarah neither struggle nor rejecting behaviour. Eventually, she was asked to take this pillow and hold it against her chest with the same pressure. With this change, she immediately experienced the fact that she was the only one responsible for holding this guilt in her life, and that as a result, she had the possibility to let it go and feel free. Then she put the pillow down on her knees, relaxed and smiled again.

Session 3

Sarah hadn't had any migraine since the last session, one and a half months before. She had a talk with her mom, in which she told her she wouldn't report everything she does from now on. She told her about all the things she became aware of, during her IFS sessions. *"I know it can hurt you, but I want to do it for me*", *"Stop living your life through mine"*, she said to her. Moreover, she put an end to a love affair she didn't find fulfilling and is now thinking about leaving the town where her mother lives in order to study what she wants to.

DISCUSSION

In these two case reports IFS work has been associated with a significant change in the medical condition (diminution and even stop of the migraine attacks).

Nevertheless, some special comments on each observation can be made.

In the case of Jacqueline it is noticeable that the rhythm of the sessions was not any different from the one of a regular migraine sufferer; and lasted over a year. There was some improvement from the very first session both regarding the numbers of migraines and their intensity. From the very beginning, they were much better controlled in terms of intensity and duration by a reduction of the activity. The turning point of the therapy took place from the moment the patient became aware that she didn't have access to anger therefore to her ability to assert herself or to put limits to guarantee her safety, therefore to her ability to take care of her needs, in particular in her job. A new energy emerged spontaneously with full recovery of qualities, after the contact was made between the Self and the part bearing the anger. On the side of improvements of the migraines, behavior changes showed up, testifying to a new psychological organization and to an increase of Self leadership. These positive changes are still present nine months after the last session.

About Sarah a dramatic change occurred in the expression of the migraines before and after IFS treatment - eventually they disappeared. Because of the close temporal relationship between IFS work and migraine improvement, this case shows the direct link between the occurrence of the migraines and a psychological conflict. Everything changed quite quickly not only from a medical point of view but also the improvement of Self leadership that was certified by all the changes (relationship with her mother, emotional and professional life). It was not predictable that things would go so fast (less than 6 months), given how much Sarah's internal system had appeared quite protected during the first session. From the IFS point of view, it has not been necessary to work on the protectors or directly on the polarization that appeared in the first session. It was amazing that the solution came so quickly in the process, with the Free Girl appearing in the first session. It is possible that the process went too fast (in other words that it was not slowed down enough), so that it couldn't disclose another part like a "Bad Girl", which would actually have been polarized with the Good Girl**,** instead of the Free Girl. Nevertheless, the process was effective regarding the migraine, but it's possible that the putative "Bad Girl" could intervene in Sylvia's life in the future. This illustrates the fact that the main goal of the work (here the improvement of the medical condition and not the improvement of the relationships with the mother which Sylvia didn't want to change in the beginning) might Influence the way the work is led.

Migraines and Intrapsychic Processes

The matter of the link between the occurrence of migraine and the psyche has been raised since the first half of the twentieth century. Many publications have explored this field in a descriptive perspective, i.e. by trying to make statistic links between migraines and the psychiatric or psychological co-morbidity.

It has been observed that the risk of suffering from panic attack, acute depression and phobias is higher with patients suffering from migraines than with those who don't. (Breslau, 1991; Schwartz, 2000.)

It has also been shown that migraines constitute a risk factor for the development of acute depression. (Breslau, 2000.) The studies that aim at finding more precisely specific personality patterns among migraine-sufferers are hardly reliable, beacuse they are tainted with bias. It then appears that neuroticism rates are higher among the migraine-sufferers. (Radat, 2004.)

The effects of non-medicinal therapeutics are an indirect way to evaluate the influence of the psyche. These therapeutic methods include relaxation and biofeedback as well as cognitive and behavioural therapy (Radat, 2004). The goal of relaxation techniques is to achieve a relaxed muscular state and to control the reactions of the vegetative nervous system to anxiety during crisis situations. With the biofeedback, the patient learns to observe the physiological modifications induced by relaxation. Cognitive and behavioural therapies aim at optimizing the behavioural reactions induced by crisis in order to prevent them from being aggravated or sustained. When these treatments are compared with medicinal treatments among children (Olness, 1987; Sartory 1998), they are shown to be superior. However, this kind of studies is biased by the fact that the patients (or even the investigators) cannot remain blind to the fact that they are under treatment or not.

Limitations of the Study

The arguments in favour of an interrelation between migraines and the psyche are therefore well established. However, the data that support the connection between psychological treatment and migraine relief are built on statistical correlations that do not provide evidence of a causal link. This might explain why physicians rarely offer psychological support to their patients. The treatment is typically only based on medication.

The use of IFS in the treatment of those two migraine-suffering patients casts a new light on this question, for it brings a call for methodological improvement in treating patients suffering from this painful affliction. Indeed, the approach is no longer deductive but inductive. It is no longer about establishing links based on statistical correlations but doctors or therapists can now assume *a priori* with their patients that their migraines is a symptom revealing a psychological conflict. Its identification and then its resolution (expressed by the improvement of the symptoms and a steady increase of the Self leadership) will confirm the validity of the assumption.

The IFS methodology has this particularity to make such an inductive approach possible. This approach will be made easier by the therapist who will orientate the process in this manner. Generally speaking, IFS appears to be quite fitting for the treatment of patients presenting medical problems and whose initial request is not related to a psychological framing of the problem. They will discover on the way, those parts of themselves that seem to be related to their symptoms and experience the effect that a reorganization of their internal leadership can have upon them. The IFS allows carrying out a process focused on the symptoms and exploring in a limited way (limited in visits and in time) the systems related to them.

Regarding the psychopathology of migraine, IFS has this specification to be an exploratory tool allowing us to describe and understand the psychological underpinnings of the problem.

The obvious efficiency presented in both cases of this article, deserves to be confirmed on a larger scale of patients. But its demonstration on a statistical basis will be subject to the same methodological difficulties as indicated earlier (no blindness regarding the treatment). Its specific superiority should be based on the fact that it offers elements to catch a glimpse of a causality link between, on the one hand, the internal psychic conflicts and their results, and on the other hand, migraine and its steady improvement related to the improvement of Self Leadership.

Acknowledgements

The author wishes to thank Nanna Michael, psychotherapist, for her accurate advice in the analysis of the cases, and Vincent Jagu and Ralph Cohen for their valued support in translating this article from French to English.

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Metacognition and the Use of Self in Cross-Cultural Therapy: An African American Therapist and a White Client

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Abstract

This paper examines the role of metacognition in relation to Self in a cross-cultural therapeutic interchange between an African American male therapist and a White female client. The concept of Self, from the Internal Family Systems model, for maintaining a sense of balance during the interchange is illustrated. The paucity in the literature of examinations of cross-cultural therapy interactions between minority therapists and White clients is discussed. The need for research to inform the practice of minority practitioners with White clients and the use of metacognitive approaches for empirically validating the Internal Family Systems model and culturally competent therapy models are discussed.

INTRODUCTION

The purpose of this paper is to examine the role of metacognition, i.e., the awareness and analysis of one's own thinking processes, in relation to Self in an interchange between an African American psychotherapist and a White client concerning race. Self (Goulding & Schwartz, 1995; Schwartz, 1995) is used as a therapeutic strategy for maintaining a sense of balance during the interchange. Aspects of the Internal Family Systems (IFS) model are applied to therapist-process variables that operate across racial lines. While there have been discussions of White therapists working with minority clients, there is a distinct paucity of examinations of interactions between minority therapists and White clients, as offered here. Following a discussion of selected problematic areas of cross-cultural counseling, there is a discussion of the role of metacognition in culturally competent therapy, of the concept of Self, and of the interaction between author and client. Metacognition is viewed as a promising approach for research applications of the IFS model and cross-cultural therapy variables.

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SELECTED PROBLEMATIC AREAS OF CROSS-CULTURAL COUNSELING

The heightened awareness, in the 1960s and 1970s, of the importance of differences in cultural traditions in psychotherapy, a heightening partially due to the civil and human rights movements (Helms & Richardson, 1997), has led to a proliferation of theory and research exploring various aspects of counseling across cultural lines (Carter, 2003; Duan & Roehlke, 2001; Helms & Cook, 1999; Lee, 1997; Pedersen & Ivey, 1993; Ponterotto, Casas, Suzuki, & Alexander, 2001). This proliferation has been augmented by scholars and practitioners who have urged the development of competencies in the counseling professions (e.g., see Arrendondo, 1999). The competencies are structured by a framework, elaborated by Arrendondo, that involves beliefs and attitudes, knowledge, and skills. Beliefs and attitudes refer to "self-awareness regarding attitudes and beliefs, biases, and assumptions with an emphasis on one's own heritage"; knowledge refers to cognition developed informally through life experiences and formally through training experiences; skill emphasizes personal and professional development opportunities. Cultural awareness, knowledge, and skill have been discussed as necessary in the various definitions of culturally competent therapy (e.g., see Arrendondo; Lopez et al., 1989; Pedersen & Ivey, 1993). These components have also been incorporated by a number of mental health associations in the creation of guidelines for culturally competent care of clients (e.g., see the American Psychological Association, 2002). Within the explorations of cross-cultural counseling, however, problematic areas have emerged.

Concerning problematic areas, Helms and Richardson (1997) noted the lack of a clear conceptual model on which to focus the counseling process and limitations on what practitioners are expected to know. Further, the extent to which research can be generalized across pertinent studies is limited. The result is a clouding, in the literature, of the perspective from which practitioners can draw guidance from the literature for interventions. Fuertes and Gretchen (2001) found a need for incorporating useful constructs into realistic

strategies for minority clients, the lack of clarity about the uses and limitations of theories, and the absence of the practice components in varying degrees. In critiques most pertinent to practitioners, they also found a weak connection between theoretical tenets and process, and they observed that the counselor role was not as clearly delineated as expected. Tsang, Bogo, & George (2003) noted that tenuous links between theory, clinical realities, and research initiatives have hampered progress in this area of study. These authors discussed a dearth of empirically validated practice models as the norm, resulting in difficulties in forming research questions of relevance to practitioners.

With regard to cross-cultural therapy competence, research on this subject has been conducted primarily with students in the context of a classroom setting (Carter, 2003; Diaz-Lazaro & Cohen, 2001), in the context of an internship setting (Duan & Roehlke, 2001), or in supervisory contexts (Garrett et al., 2001). The focus of these studies has thus been on students in settings involving training, in contrast to a focus on the clinical practitioner in "real world" practice settings, i.e., in practice settings that reflect the world in which their clients actually live and work. Despite a call by Greenberg (cited in Tsang et al. 2003) and Speight & Vera (cited in Tsang et al.) for the exploration of actual therapy process variables relevant to practitioners, recent research is characterized primarily by examination of baseline variables from surveys (Diaz-Lazaro & Cohen; Duan & Roehlke). For practitioners, however, considerations such as a clearer understanding of therapist-client process variables that may enhance successful engagement in a cross-cultural context are important, especially as this understanding is necessary to avoid negative therapy outcome involving inappropriate interventions and premature termination, among other factors (Ridley, Espelage, & Rubinstein, 1997).

As Tsang et al. (2003) have pointed out, investigations of cross-cultural issues are meaningful only to the extent that the investigations can inform practice. As there is a paucity of research exploring the minority therapist-White client process variables, research in this area is sorely needed and is germane to minority practitioners who practice in geographic locales where the majority of their clients are White.

The Role of Metacognition in Culturally Competent Therapy

Practicing culturally competent therapy implies the use of metacognition for developing sufficient awareness, knowledge, and skill concerning the cultural interface between oneself and one's client. Metacognition, i.e., the awareness and analysis of one's own thinking processes, is therefore a form of self-awareness and self-analysis that appears necessary for culturally competent therapy. Thus, metacognition involves an awareness and analysis of the self in combination with the pertinent culture. Culturally competent therapy requires metacognitive processes based on the knowledge of *what* strategies to use and *when* and *how* to use them and the self-monitoring of strategy usage (e.g., see Nelson & Narens, 1994). Moreover, culturally competent therapy requires metacognitive processes not only for accessing and processing information about the therapist's own culture from the therapist's own background and knowledge base but also for similar cognitive activities with reference to the culture of the client.

The use of one's self-knowledge in the context of culture and therapy, moreover, involves accessing and acting on one's cultural-knowledge base in a manner that involves "being," "feeling," "perceiving," and "relating". Engaging in the processes of feeling and perceiving implies an ability to "be in the present"; i.e., to attend to the moment-to- moment events one experiences. Such ability allows one to focus more closely on implicit perceptual experiences in relating to others while also, in a time-sharing fashion, stepping back to observe one's processes. Ginter (2003) discusses the process of stepping back in terms of assuming a meta-perspective that he relates to the nature of the Self and notes that in assuming a meta-perspective, the Self:

> …avoids getting caught up in moment-to-moment dramas. While parts of a person can be experiencing extreme thoughts, beliefs, and/or emotions that distort perceptions and create suffering, the Self provides the capacity to step back and see a broader context, offering balanced, clear understanding. (p. 59)

The idea of meta-perspective suggests the involvement of metacognitive processes. Relating metacognitive processes, particularly those processes involving monitoring, control, and judgments (e.g., see Cornoldi, 1998; Hall & Bahrick, 1998; Koriat & Goldsmith, 1998; Miner & Reder, 1994; Vernon & Usher, 2003), to culturally competent therapy provides a useful foundation for the study of therapy process variables across cultural and racial lines. Models of metacognitive processing developed by cognitive scientists (e.g., see Nelson, 1996; Johnson & Reeder, 1997; Schneider & Pam-Smith, 1997) for testing hypotheses related to

human cognition are useful because such models can be applied to research on therapy process variables.

THE SELF AND INTERNAL FAMILY SYSTEMS

The Self (Goulding & Schwartz, 1995; Schwartz, 1995) is a core aspect of a person's mind that exists as an individual *and* as a state of consciousness. The Self exists in the presence of additional aspects of the person's mind, defined as parts, that function as semi-autonomous individuals or sub-personalities. The Self and the parts exist in the same manner as the person exists as a member of a family or a community. The person's Self relates to the person's parts, and the parts relate to each other, recursively, in the same manner as the person and members of his/her biological family or community relate.

Regarding qualities of the Self, a person is described as Self-led, i.e., in a balanced state of being, when the Self directs the person's parts in a manner similar to the way in which the conductor of an orchestra directs the musicians that comprise the orchestra. In balanced states, the Self leads by qualities such as calmness, confidence, curiosity, and compassion. Parts trust the Self and respond favorably to communications from the Self when the system is Self-led. At times, however, states of imbalance exist.

When the person is unbalanced by internal or external events, i.e., burdens, the person's internal system is constrained, and the system's integrity is threatened. Parts subsequently lose trust in the Self, and are activated to assume leadership roles that are beyond their capabilities, such as, for example, a role in which a child routinely assumes parental responsibilities for a parent who is incapacitated by alcoholism. Over time, parts, with intentions to protect the Self and the internal system through activation, have a disorganizing and discordant effect on the entire system. In either balanced or unbalanced states, parts communicate through a variety of channels, e.g., verbally, behaviorally, perceptually, or physiologically, and also respond with a variety of styles, e.g., aggressive, passive, or perfectionistic. In an unbalanced and activated state, a part may show the person an image or provide a recollection of a traumatic event from the person's past, e.g., a flashback, leading the person to respond, through the part, in an extreme manner, as with hypervigilance, fear, and panic attacks. In a balanced state, the part communicates through the Self, allowing the Self to express the part's desires, concerns, or opinions. A central therapeutic task involves assisting a client in restoring Self-leadership and in reorganizing the client's parts into preferred roles that are consistent with the capabilities of the parts. A therapist often uses family therapy techniques, such as boundary-making, i.e., asking a dominant family member to step back and listen to the concerns, desires, and preferences of a non-dominant family member, in order to assist a client in restoring Self-leadership.

Therapists, like clients, have Selves and parts, and therapists are not immune to being affected by clients' parts. Therapists may experience periods of imbalance during which their own parts are activated by their clients' parts. Therefore, it is important for therapists to maintain awareness of their own parts while engaging with clients. In periods when therapists feel imbalanced, they may employ family therapy techniques, such as boundary making, with their own parts to restore a sense of balance.

THE AUTHOR'S INTERACTION WITH HIS CLIENT

The author's client was a 17-year-old young woman, spoken of here as Anna, who had met with the author, a 45-year-old African-American clinical psychologist, for seven or eight sessions. The author and she were using the IFS model that Anna had readily accepted. Therapy was progressing well. During the subsequent session, the author brought the issue of race up while explaining to Anna's mother the IFS model, generally, and the impact of cultural constraints on internal parts, specifically. At the following session, a meeting with Anna alone, she raised an issue in which her boyfriend had teased her because she was having difficulty learning a dance step. She discussed her anger towards her boyfriend, a youth of Mexican heritage, who had disparagingly informed her that she could not dance well because she was White. Anna had brought up her boyfriend from time to time in previous sessions in providing a context for certain discussions. The particular context on the present occasion concerned race.

The author’s initial internal reaction was surprise that Anna’s boyfriend was of Mexican heritage. Based on Anna's race and previous information she had provided about her boyfriend, including his schooling--he was attending a costly, private high school that was predominately White and was in the same athletic conference as that of the high school the author attended. The author had simply assumed that the boyfriend was White. This was a culturally unaware assumption directed by the author's own biases. After the author recovered from his surprise, his parts began to detect that Anna's anger may have been related to issues of racial divisiveness, invalidation,

powerlessness, lack of access, etc., as she discussed her view that people shouldn't make value judgments based on racial issues and that the world should not be the way it is with regard to race. The author agreed with her covertly and then began an internal dialogue with a number of his parts about whether he, in the service of authenticity, should share his agreement with her.

As Anna was talking, however, the author felt the presence of a race-conscious part. Upon reflection, the author realized that this particular part had been conditioned to prepare his internal family for a shock. The shock typically involved a comment from a person from the dominant culture that the author's race-conscious part found offensive from a racial or ethnic standpoint. This part was activated to protect the author's internal family from such comments, which frequently would be issued with little warning, leaving the author in a state of imbalance. This part was typically located on or in the muscles of the author's face, involving a tightness, and masked the author's shock and sense of imbalance until the author was able to regain a sense of balance.

This race-conscious protector part was activated when Anna began to discuss her feelings. However, in Self-led fashion, the author allowed the race-conscious part to speak through Self. In order to allow this, however, the author had to address the recollections of two other parts, a professional part and a middle-aged adult part, which the author did, on the basis of dialogues between the author's Self and his parts. Prior to these dialogues, the race-conscious part showed the author an image or recollection of an experience in the author's earlier days, when he and another therapist were providing a workshop to high school students on racial issues. At that time, the author made a decision to be genuine in his feelings, and he informed the group that he believed that racism was always going to exist. The workshop ended up as a positive experience for the author, the other therapist, and the students. The recollection of that experience brought the author back to the present interchange, where the race-conscious part and Self discussed the benefit of being honest with Anna. Self reasoned that since the earlier experience had ended positively, there was no harm in being authentic with her. The race-conscious part, after dialoging with Self, was able to step back. However, as the race-conscious part stepped back, the author's professional part, now worried, stepped up and voiced a concern about self-disclosure. The concern was that, by disclosing himself honestly, the author would be acting in a clinically irresponsible fashion that could be potential harmful to Anna and could thus be in violation of the ethical code of conduct published by the American Psychological Association (2002). While this professional part was amenable to a request from Self to step back, a third part, the middle-aged part, presented its concern. This part discussed its concern from the perspective of age and argued that Anna was too young at her age to have the experience of meaningfully and validly discussing issues of race. However, the middle-aged part was able to listen to discussion from Self that afforded it comfort in stepping back.

After all of the parts stepped back, the author talked with Anna about racial issues in the United States from the vantage point of his experiences, as opposed to talking to her from a standpoint of providing her with some type of education. If the author had provided education to the client, as he may have done if talking from his race-conscious part, he may have come across as disingenuous and condescending. Instead, he talked *with* her--not *to* her--as an equal from Self. He talked with her as if talking with a family member or a friend because, basically, he and she were concerned with the same issue. She was concerned with it because she was in a cross-cultural relationship and had an interchange in which she felt invalidated. The author was concerned with it because he lived a cross-cultural life in which he was a member of a race that is invalidated on a regular basis. In sum, the author used Self to dialogue with the race-conscious part, the professional part, and the middle-aged part about stepping back. When these parts stepped back to allow the author to relate to the client from Self, the experience was constraint-freeing and enjoyable.

This description of the interaction between the author and his client is intended to illustrate the use of the IFS model and, specifically, the use of Self to maintain a sense of balance during the discussion. The interaction exemplifies the idea, discussed by Schwartz (1995), that the IFS model encapsulates the recursive processes that can occur within the therapy session between client and therapist and the phenomenon of the client's parts activating the therapist's parts. From an ethnic or racial identity standpoint, the therapy interaction process model put forth by Helms (Helms & Cook, 1999) fits nicely as a context for discussion, as well. One presupposition of the model is that therapists and clients rely on the statuses that are most salient within their personality structure to guide their actions and reactions. During the author's interaction with his client, race was very salient in his mind, as he felt, at that time, that he was a recipient of some race-related dynamics in certain areas of his professional life. Race also appeared to be salient in the client's mind. The author felt that he and the client were experiencing parallel processes and were thus matched.

The description is also intended to demonstrate metacognitive processes that influenced the author's initial evaluations of the client, based on an erroneous belief that because she was White, her boyfriend was of course White as well. This erroneous belief may have arisen out of a knowledge base that the author accessed by comparing and noting the similarities between the high school that Anna's boyfriend was attending and the high school that the author had attended. Then, the author made an inference based on the racial makeup of both schools. Subsequently, he was able to step back, as it were, and observe his processing through a self-monitoring mechanism that allowed him to acknowledge the bias and then more closely guard against further biases. It is also likely that, on an implicit level, the author regarded the client in more positive terms and made a judgment that the client was more similar to him in racial outlook than he would have considered if the client had not disclosed that her boyfriend was of Mexican heritage. The description, further, demonstrated metacognitive processes that allowed the author to move into and use Self for implementing a family therapy strategy while dialoguing with his activated parts.

As Tsang et al. (2003) have pointed out, the manner in which practice is conceptualized is the most important issue in cross-cultural counseling, and the similarities and differences between client and practitioner should be a focus of study. Further, ethnicity continues to be regarded as a client characteristic rather than a dimension of identity and a shared experience. From an IFS perspective, however, ethnicity can easily be conceptualized as one of several parts of both client and therapist. In the description of the interaction between the author and his client, the author conceptualized his racial identity from the perspective of a part that had a history of real experiences that affected his outlook on cross-cultural interactions and created a sense of imbalance. Similarly, the author conceptualized his age, not as a static demographic characteristic, but as a dynamic part, or subpersonality, that also had a history of experiences and a knowledge base that influenced the author's interactions. The professional part of the author was viewed, again, not as a fixed, static characteristic, but as a being with feelings, worries, and views that influenced his family of parts and interactions with the client. The author acknowledged and welcomed the multiplicity of influences that were occurring in the therapy session, while also being attuned to the client. He was able to accomplish this through being in Self which, in this case, was experienced more as a perception of comfort or ease and which allowed the other parts to voice their concerns and shift positions in the author's mind.

CONCLUSION

This paper has discussed therapist cultural bias, therapist self-disclosure, and therapist-client racial identity matching. The literature appears replete concerning cross-cultural therapy interchanges involving therapists from the dominant culture and minority clients. There is, however, a paucity of journal literature on minority therapists and clients from the dominant culture. The few existing descriptions of such dyads have been found in book chapters on therapist processes (e.g., see Helms & Cook, 1999). This situation is perhaps due to the imbalance in base rates in the overall population of therapists in the United States. Nevertheless, circumstances in which minority therapists see a majority of clients from the dominant culture do exist. These circumstances likely are extended to health professionals in general. Little also appears to be written concerning cultural bias among minorities working therapeutically with other minorities. Given the sheer magnitude of the number of cultures in the United States, it is highly unlikely that anyone therapist will be knowledgeable of all of the cultures or ethnicities represented in the country.

This paper has also discussed a link between metacognition and the use of the IFS therapy model in a cross-cultural context. Metacognition is cited as a promising approach for reformulating theories of consciousness in ways that allow for hypothesis-testing (e.g., see Nelson, 1996). Models of meta cognitive systems and processes (e.g., see Johnson & Reeder, 1997; Nelson & Narens, 1994; Schneider & Pimm-Smith, 1997) may provide clearly defined foundations for reformulating clinically-focused theories of the mind, such as the IFS model, and culturally competent therapy models in ways that allow for the empirical validation of the models and their hypothesized processes.

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Brief Report:

Growing Self-Leadership Through Reparenting

Heather A. Lagace, M.S., LPC[1]

Abstract

Internal Family Systems therapy is dependent on the emergence of Self-energy to heal injured internal parts. When an individual has little or no Self-energy initially available, then including Reparenting philosophy and techniques can assist in creating a relationship of trust with the client's parts through the experience of safe nurturance and structure provided by the therapist. The helpful modeling of attending to the developmental needs of the parts instructs the client's internal system in regard to acceptance of needs and the possibility of getting needs met in a safe and predictable manner. Reparenting strategies make effective use of the therapist's Self-energy until the client is able to access enough of their own Self-energy to take on the role of caregiver and guide. Combining Reparenting philosophy and techniques with Internal Family Systems therapy creates a safe environment for the parts of the client to allow more Self-energy to emerge. Once parts feel important enough to be seen and heard and trust that the system can support their needs, they can allow the Self to witness their injuries and eventually transfer leadership of the system to the client's Self.

INTRODUCTION

People need a critical mass of Self-energy in order for their parts to feel reassured, witnessed, and able to unburden. Integrating Internal Family Systems and Reparenting has made it possible for my clients without a critical mass of Self-presence to experience Self-energy and adequate parenting through the therapist on route to accessing these internal resources within themselves.

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Internal Family Systems Therapy

In brief, Internal Family Systems uses Self-energy (compassion, clarity, calmness, curiosity, courage, confidence) to lead clients injured parts through a healing journey (Schwartz, p. 47-65).

When Self-energy becomes available as a witness to parts that need acceptance, understanding, and rescuing, the parts of the client begin to feel safe and develop a trusting relationship with the Self. As a result of this relationship, the clients' parts trust that they can release old burdens of emotional feelings, body sensations, beliefs, patterns of behavior, and memories. This sense of trust is based on the belief that the Self is now able to provide the resources necessary to lead the client in life giving ways both internally and externally. Once the burdens are released, the parts are free to reclaim their original intended roles before the injuries took place; parts reclaim talents, energies, and freedoms in service of the whole internal system. (Schwartz, 1995)

Reparenting Therapy

Reparenting is a mode of therapy used in Transactional Analysis to meet the childhood needs of adults in the present. In my master's thesis I hypothesized that emphasizing the fulfillment of earlier developmental needs in the parent was more beneficial than focusing solely on the developmental needs of one's children as a way to improve child-rearing skills. (The results of this study supported my hypothesis, but the numbers used in the study were too few to be statistically significant.) When adults are able to meet their own developmental needs, both past and present, then their relationships can be based on giving from a place of abundance rather than on their state of deprivation which looks to the other to be filled. The Reparenting process I use with individuals and groups trains adults to effectively identify their needs (developing self-awareness and the resulting appropriate boundaries), discover healthy means for meeting these needs (self-advocacy) and responsibility and ownership for leading their own lives (authenticity and self-worth). (Lagace, 2005)

CASE STUDY

My client who exhibits characteristics of "borderline personality" began therapy wanting help in her external relationships. I invited her to get to know the internal parts that become triggered in her external relationships. At that time, she was not at all interested in doing internal work so for a while we worked on building communication skills. When I announced I would be away for two weeks over the holidays, her parts became frantic and began feeling threatened by the impending abandonment they feared. This led us into deeper work as her fearful, rejected parts began to surface.

Beginning with my announcement of being away for two weeks, my client quickly attached her young parts to my Self. My client is able to connect with her own Self-energy infrequently. During these brief moments the Self is able to calm the firefighter down with truthful, reassuring statements. Her Firefighters dominate in her relationship with me when she is not in a counseling session. The parts that receive the acceptance and care in session feel angry by the disconnection in-between sessions. I permit her to allow any parts to share what they need to share about their on-going experience between sessions via email. I respond with "got it" so she knows I am "listening" although I know these parts want so much more.

These Firefighting parts write scathing emails about how she suspects that like everyone else in her life, I really don't care. Sometimes after the Firefighter has raged at me, a subsequent email will include a report of how she has calmed her enraged part by reminding it of the loving energy I extend to her during the counseling session.

During our counseling sessions, I invite her blended Exile parts to separate enough to see her Self and receive her help. Sometimes these parts feel confused, as most often they do not experience any distinction between parts and Self. She has communicated feeling like an infant or "5" or "16" years old in our sessions. The Exiled parts, which dominate our sessions, experience the pervasive feelings of fear of rejection, sadness, and desire for connection. My client's internal work is quiet and somatic. She frequently moans, writhes, and cries without tears. When there are words available my client tells excerpts of her story. I have invited her to separate from these young parts through the following suggestions: "What do you notice about this part? Can the part that is moaning see you?" these questions are met with confusion. On one occasion she answered with "No, but they see and trust you". Holding safe space has been the most powerful contribution I have made in this healing journey. My receptivity to what comes is most beneficial to the evolution of the organic process. Often at the end of the session my client confesses she never thought it was possible to feel connected, cared for, loved in the way she has experienced in our counseling sessions.

During our internal work my client began experiencing what it was like to be an infant in her family of origin. She felt fearful, nervous, and neglected. When I asked if she would like to leave that location and go to a safe place she said she would. She described a house on a lake, so we took the infant there. When I invited her to hold the infant she said she wasn't able to do so, but wanted me to hold the infant. The session was spent with my client's infant-part in tears and moaning. When I asked my client if she could separate from the infant she said she couldn't.

I told her how I was rocking the baby in a rocking chair in front of a fire wrapped in the blanket she had made. I shared how beautiful the face of this baby was, and invited her to peer over my shoulder to see her. My client exclaimed, "Who couldn't love a baby!" I agreed with her.

When I asked what she observed when she looked at the baby's face she said that the baby was smiling and happy. My client felt glad about that. At the conclusion of the session I reassured her that I would stay with the baby and care for her. I also invited my client to come back as often as she could in between sessions to look again at the baby's face.

Traditionally, my client's managing parts have kept her so busy with activity that there is no time to be aware of them. Now that she is in counseling the down times are problematic because she is flooded with feelings she used to avoid. Between sessions, I encourage my client to read about the necessary developmental needs of her childhood focusing on the age of the parts that have shown up in therapy (one at a time) using the book: *Growing Up Again: Parenting Ourselves, Parenting Our Children* by Connie Dawson and Jean Ilsley-Clarke. At the end of our session, we review age appropriate care for the part that was present in our session. I offer many suggestions for nurturing care and she often accepts a couple of activities she could imagine offering her young part when it gets stirred up between sessions. So far, sewing herself a comfy blanket and putting it on her lap has worked for her at home; so has placing her hands on her belly and rubbing it while attending to her distress. I have suggested that she repeat to herself, "I am here. I am aware of you." Another week she took hot baths and listened to gentle music as she went off to sleep.

Presently, the Reparenting I am providing my client and my client is providing for her infant part outside of our

sessions includes offering safety, nurturance, and mirroring. These needs are the primary developmental needs of an infant from birth to six months. According to Erik Erikson's Psychosocial model of human development, in this stage of "being" the tasks of the "infant" include the following: To cry, or otherwise signal to get her needs met; to accept touch and nurturance; to bond emotionally; to learn to trust caring adults and self; and to decide to thrive (Dawson and Illsley-Clarke, 1989).

As time goes on my client continues to build a bridge from the work we are doing in session to self-awareness and nurturance on a regular basis outside of the session. It is my belief that this gap between my offering her Reparenting and she providing her own parts with the nurturance and structure they have always needed will eventually be bridged. I will continue to make suggestions for appropriate "parenting" given the age of her parts as counseling continues so that predictable and adequate care will become a part of every day living. Fulfilling the psychosocial needs of her deprived infant, childhood, and adolescent parts will help my client to trust the safety and care available in Self-energy. The complete healing of these young parts will be possible as their relationship to Self transforms.

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Brief Report:

Preliminary Description And Utilization Of House Of Feelings Test/Child Therapy Game

Christopher J. Pino, Ph.D.[1]

Abstract

This is initial information on the House of Feelings Test/Child Therapy Game. The case history utilizing the test is given as an illustration of its use as a therapy tool.

INTRODUCTION

As a Psychologist, I have been intrigued with using objective and projective methods for child and family therapy. Pino, et al. (1983) developed an objective diagnostic method for children's perception of their families - i.e. Children's Version of Family Environment Scale. Later, I (Pino, 1984) demonstrated the use of the CVFES in multi model child and family therapy, and family enrichment. Now my concerns as a therapist who also employs internal family systems (IFS) and affect/script treatment (Pino and Rosen, 1992) have focused on the development of a companion child projective method to evaluate internal feelings states appropriate to these more recent treatment models. Historically, one group has favored the House-Tree-Person Test (HTP test, Van Hutton, 2002) as a projective technique. The house is a representation of the self according to Jung (1975). This provocative metaphor is the core of the House of Feelings Test/Treatment Game (Pino, 2003). This has children's drawings of their houses i.e. parts of themselves. This lends itself to IFS treatment (Schwartz 1995) which purports to treat multiple parts of the self. The analysis of feelings and scripts associated with these interiors can be pivotal and affect/script treatment (Nathanson 1990). Dolbin (2003) describes IFS treatment of children as a promising child therapy approach.

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HOUSE OF FEELINGS TEST (HFT/TREATMENT GAME)

When asked to draw interiors of their houses, children ages 7 through 16 receiving treatment have not only been interested in drawing house interiors and cooperative, but were able to complete the task easily. They also divulge important clinical data not usually given early in therapy. The initial full sample of the HFT had taken children and adolescent from my private practices in Niagara Falls and Buffalo. There were mixed diagnoses, social economic levels, and demographic data (age, diagnosis, social economic status, family type). Exit questions pertaining to IFS and affective/script treatment were collected. Interpreted suggestions from the test are compiled in the HFT manual (Pino, 2003).

Instructions for the test are as follows: "Draw your house as you would see it from the top view (i.e. like you would see house plans). Draw all the things in the room that you can remember." Exit questions include: (1) Tell me what you are feeling (i.e. happy, sad, mad or scared) in each room, and tell me what you would like to be different in the room. (2) Are you a different character or personality in any of the rooms? (3) How do you and your family get along together and with your neighbors in your home? (4) How do you feel about living in your neighborhood? A summary of demographic results is shown in the following table:

Socio-Economic Level	***Primary Diagnosis***	***Family Type***
2 Upper Middle	6 Oppositional Defiant	6 Nuclear Family
14 Middle	4 Attention Deficit	2 Extended Family
2 Lower Middle	2 Bi-Polar Disorder	2 Blended Family
	2 Separation Disorder	8 Single Parent Families
	2 Adjustment Disorder	
	2 Attention Deficit Disorder	

In regard to the test exit questions, compilation of the data shows: (1) 14 out of 18 subjects were able to express feelings within most of the rooms and name a few changes they wished for. (2) The majority, 10 out of 18, reported high sibling conflict. Four reported particular problems with the neighborhood.

APPLICATION TO INDIVIDUAL THERAPY – CASE HISTORY

Amy, a 15 year-old rural high school student was diagnosed with Oppositional Defiant Disorder, Bipolar Disorder and Explosive Temper Outbursts. She has been in treatment on and off for a two-year period although there has been large gaps in treatment due to medication adjustments. She did not have any in-patient stays during this period although she did have before treatment. She is an only child. Both parents reject family therapy but she has been very open in individual therapy. At least one or both of her parents have attended each session as collateral. Past treatment has been mainly eclectic and supportive with a behavioral treatment focus on the parents. During portions of the sessions when Amy expressed meaning through the HFT, she described cramped conditions in her trailer home. As an only child, she reported high conflict with her Mom and neighbors. She revealed that she had a great love for her bedroom, which she decorated herself in a gothic motif. Her main wish for a change was to move to a bigger house, where she could have more privacy from her from her parents (who are hardly strict or intrusive). She said she felt like a different person in her bedroom; i.e. more independent and strong. Given recent losses (i.e., her best friend was murdered and Amy's having been date raped within the past year), it was easy to see why she needed a sanctuary. Her HFT results showed her identification of a strong self with happy feelings associated with her bedroom. This was contrasted with her exiled part (i.e. hurt feelings she has in a small living room where she feels vulnerable). This contrast was used in an imagery dialogue (i.e. 2 chair technique). There was a breakthrough through IFS work that had positive results. Positive affect emerged from her strong self to help her develop a positive script for dealing with parental conflicts in her home, and help her contain defensive ("fire fighting") temper outbursts.

Her parents were given strategies to help channel her anger through mindfulness/relaxation training approaches consistent with affect regulation and positive parental scripts. (Re: affect/script therapy).

SUMMARY

As a projective technique inspired by IFS and affect/script therapy, the House of Feelings Test is offered in its seminal form as a diagnostic method to compliment other objective approaches e.g. children's version of the Family Environment Scale and the Family Environment Scale (Moos, 1974).

Like many new projective tests, techniques no validity or reliability data is yet available. HFT is presented here as a child therapy game at this point that can be adapted to family therapy as well. A case was given as an example of how information from HFT can be incorporated into an IFS/affect and script treatment approach. Future studies will elucidate ongoing data collection and application.

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Journal of Self Leadership **2007** **Volume 3** **ISSN# 1545-2700**

SPECIAL EDITION: SPIRITUALITY AND SELF LEADERSHIP

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Say not, "I have found the path of the soul."
Say rather, "I have met the soul walking upon my path..."

Kahlil Gibran (from* The Prophet*)

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JSL

Journal of Self Leadership 2007 Volume 3 ISSN# 1545-2700

Editors' Introduction: Psycho-Spiritual Growth

Gregory J. Johanson, Ph.D.[1] and Ralph S. Cohen, Ph. D.[2]
Co-Editors

Abstract

The co-editors of the Journal of Self Leadership express appreciation for response to the Journal, and solicit input. Articles dealing with spirituality are noted. A systems approach to spirituality as growth in agency-in-communion is outlined. Contributions to Volume Two are referenced in relation to the spirituality model.

INTRODUCTION

On writing the introduction for the third volume of *The Journal of Self Leadership*, the editors would first like to thank those who communicated appreciation and gratitude for the inaugural edition in 2003. The purpose of the *JSL* was and remains "to provide a vehicle for teachers, researchers, and clinicians to come together to share ideas and experiences in employing and advancing the model across a broad spectrum of applications." The enthusiastic response we have received has confirmed that the Internal Family Systems[sm] community welcomes a place to expand and deepen the model by providing a vehicle where contributions from the thought and experience of all interested parties may be aired.

The editors would like to express special thanks to those who have submitted their work in written form, and worked through the peer-review process to literally make the *JSL* possible. This courage and commitment of time and energy not only results in one being published, but in the entire IFS community being enriched through the wisdom of what has been offered.

We are also aware through those we have seen in trainings, heard at the Internal Family Systems[sm] Annual Conference, and known in various contexts, that many more could and should be submitting their work to the *JSL*. We certainly have sympathy for the busyness of many in the field who have a difficult time making room for writing projects. We would like to make a particular appeal to those who identify themselves as right-brained persons doing creative clinical work, but who are not as comfortable with the more linear logic of professional journal writing. The editorial staff of the *JSL* stands ready to offer assistance at every stage of a proposal from discussing the initial idea to the final form of the manuscript. Finished, polished texts are not a prerequisite for initial submissions.

As it turned out, a number of articles submitted for this special edition of the *JSL* dealt with various aspects of the model related to spirituality. On one level, this is not a surprise, since such contributions were welcomed through our initial Editors' Introduction. On another, it is a curious topic since IFS was originally developed as a psychotherapy model without any reference to a concept of Spirit, had no formal position on the subject, and endorsed no specific spiritual community. In addition, the explosion of interest in therapy and spirituality from the 1960's on, and interest that is inevitably expressed by students during IFS trainings, has given rise to innumerable definitions of spirituality that will never be adjudicated. (For a variety of approaches to this subject cf. Ajaya, 1983; Almaas, 1988; Clinebell, 1995; Emmons, 1999; Fleischman, 1989; Griffith and Griffith, 2002;

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Hunt, 2003; Kahle and Robbins, 2204; Nelson, 1994; May, 1982; Miller, 2005; Schreurs, 2002; and Schwartz, 1999).

A SYSTEMS APPROACH TO SPIRITUALITY

Among the many possibilities, we will offer in this introduction one way to understand spirituality and therapy that is grounded in systems theory, with which the IFS[sm] model is consistent. This in turn will offer a way of conceptualizing the various contributions to this third edition of the *JSL*.

The IFS model affirms the wide and deep contemporary consensus that the self or person can only be conceived in a systems view as a self-in-relation. That we can only be individuals-in-community is the bedrock contention of all contemporary systems theory (Jantsch, 1980). There is only agency-in-communion. That psychology is inseparable from sociology is the insight that launched both family therapy (Nichols and Schwartz, 1995 and Breunlin, Schwartz, and Mac Kune-Karrer, 1992) and feminist psychology (Jordon, et al. 1991 and Keller, 1986), and was a foundational lesson of cross-cultural counseling (Augsburger, 1986 and McGoldrick, 1998).

Koestler (1976) introduced the key term into systems thought of the "holon." All of reality, material and/or ideal, is composed of holons, namely wholes that are composed of parts, which in turn compose a part of a larger whole. Bateson (1979) adds that living organic systems are not simply wholes composed of parts, but wholes in which all the parts must communicate within the whole, and be organized to process information by a principle that is higher than the parts alone.

IFS reflects these propositions from the philosophy of science in its theory of parts and Self (Schwartz, 1995), its application of the same principles to all levels of the system from the intra-psychic, to the family, to communities and nations, and in its emphasis on the qualities of Self-leadership best suited for guiding all levels of functioning.

On any level the Self provides leadership through valuing each member of the system, and ensuring that every voice is heard, while fairly allocating resources, responsibilities, and influence. Effective Self-leadership facilitates the flow of information between team members, mediates polarizations, negotiates barriers to communication and cooperation, and encourages all members to pursue their personal visions within the context of the overall needs of the larger team.

When Wilber (1995) studies the evolution of holons from the physiosphere (matter), to the biosphere (life), to the noosphere (mind), and theosphere (soul-spirit), he notes a number of tenets that characterize them. One is

that holons display a capacity for self-preservation, autopoiesis, assimilation, or agency over time. Another is that they display a capacity for self-adaptation, allopiesis, accommodation, or communion with other wholes. A third tenet (out of twenty, all of which cannot be considered here) is that holons display a capacity for self-transcendence, symmetry breaks, creativity or emergent transformation into new wholes with new forms of agency and communion. Such growth is unprecedented or surprising in that such new creation cannot be determined from a prior knowledge of component parts.

If we weave these tenets together, an approach to spirituality emerges as a multi-leveled quest for self-transcendence and greater meaning through increased development to ever larger and deeper contexts of agency-in-communion.

This position is congruent with a number of scholars such as Torrance who argues, "the human species may be designated *animal quarens* with at least as much right as *animal rationale*." (Torrance, 1994, p.3) More specifically, the quest is in the service of self-transcendence. This translates that humans are animals that quest for the spiritual. The quest is wide-spread and broadly conceived.

> *Religion as process is one source of the spiritual quest. . . . But if the human being is truly animal quarens, a similar latency will be found in the biological, psychological, and linguistic conditions of human life and culture without which society and religion would themselves be inconceivable.* (Torrance, 1994, p.18)

Defining the spiritual quest as self-transcendence or emergent transformation into new wholes with new forms of agency and communion makes it inclusive of normal psychological growth. The quest may manifest with no thought or use of the word spirituality at all, as in our wanting to be more in tune with our body, our mind, our lover, our neighbors, our nation or world. The quest can, of course, become consciously focused on some conception of the Sacred.

In any case, the experiences we have in our quests must be embedded in a religious or non-religious narrative tradition when we think about their meaning, or attempt to share them with others. Steven Crites argues that "'re-collecting' the past is foundational to self-identity and 'pro-jecting' into the future is necessary for self-transcendence." Persons must have the "psychic strength" that

> *includes both a strong sense of self-identity, rooted in the past, and an equally strong power of self-transcendence, directed toward the future. This strength must be concentrated in the present, which is the point of tension between self-identity [solidified agency] and self-transcendence [increased communion.]*. (Crites, 1986 quoted in Lester, 1995, p. 196).

Broadening the view of spirituality to include normal growth brings regular IFS therapy within the context of a spiritual practice, for those who choose to allow this possibility. Working with oneself and with one's client to allow more of the essential qualities of Self to be present expands and solidifies agency, at the same time that it fosters states of consciousness similar to those described by seekers from many traditions who meditate.

Bringing to bear in a healing way the essential Self-qualities of self-reflective consciousness, compassion, wisdom, and curiosity on burdened internal parts that are repressed, polarized, or otherwise in the shadows of consciousness likewise expands and solidifies communion. The greater wholeness, integrity and harmony that accompanies this evolution of agency-in-communion in individuals prepares them to better enter into creative and cooperative communion with other holons beyond themselves. The overall process of increased awareness, freedom and care has for Schwartz (1999) and numerous IFS practitioners the subjective quality of a spiritual practice.

While growing towards increased levels of agency-in-communion encompasses many aspects of normal growth, spiritual and transpersonal writers plead for openness to levels beyond the rational and everyday consciousness. Another Wilber tenet is that a telos of larger and deeper contexts functions as an attractor that pulls holons in its direction. He (Wilber, 1995, p.77) notes that all theorists have an ultimate telos or context beyond which they believe growth cannot or should not go. For Freud it was the ego integrated around genital organization. Piaget underscored the equilibration that could only be reached by formal thinking. Marx looked for the classless society that would heal the alienation of labor through shared, mutual care. Language contains a relentless pressure oriented toward un-coerced mutual understanding according to Habermas. Hegel saw history moving toward Absolute Spirit manifesting through individuals in mutual community. The final telos or Omega Point for Teilhard de Chardin was the resurrection of Christ consciousness in all persons.

At the very least, it is important for Wilber that we recognize with such thinkers as Gebser, Habermas, Fowler, Broughton, Selman, Maslow, Bruner, Flavell, Arieti, Cowan, Arlin and Loevinger that there is a stage beyond Piaget's formal operational reason. It has been variously termed dialectical, integrative, creative-synthetic, integral aperspectival, network logic or vision-logic. Vision-logic goes beyond the ability of reason to see and name different perspectives. It is able to integrate perspectives in a larger vision, keep contradictions and paradoxes in play, unify opposites and think non-linearly. It holds global consciousness or identity as a subjective, interior structure, not simply as a rational, debatable belief.

Beyond vision-logic Wilber maps out further stages of growth recognized in both the West and the East: The "psychic" stage represented by Emerson's nature mysticism; the "subtle" seen in Teresa of Avila's deity mysticism; and the "causal" reflected in Meister Eckhart's formless mysticism. (Wilber, 1995, pp. 184-192, 513-514, 278, and Chapter 8 "The Depths of the Divine".) Theoretically, there is no final whole or final context that growth can reach. Gregory of Nyssa affirmed this long ago: "Perfection consists in our never stopping in our growth in good, never circumscribing our perfection by any limitation." (Danielou, 1961, p.52) "Since [the] good has no limit, the participant's desire itself necessarily has no stopping place but stretches out with the limitless." (Gregory of Nyssa, 1978, p. 31).

These maps of higher holonic growth can be viewed as empirical hypotheses. Growth in agency-in-communion should be measurable with the proper psychometrics. We already have many ways of noting a child's developmental progress of identity from me, to we, to many. Increasing communion is a self-transcendent process in that concern for one's ego is de-centered as one moves from egocentric consciousness, to family-centric, to tribal-centric, to nation-centric, to world-centric and beyond. Compassion is a quality of the IFS Self that in biblical Greek translates as being "moved in the guts" by the situation of another. The capacity for compassion can move in measurable ways beyond sensitivity to one's own pain, to that of family members, neighbors, and if growth continues, to strangers and enemies. At some point the pain of tsunami victims across the world may be felt as one's own, and move one to concrete acts of help.

Likewise, Laszlo (1994, p. 93) notes that when a teleological attractor helps a system grow and find a new state of dynamic stability, the new level of agency is revealed through "more effective use of information, greater efficiency in the use of free energies, greater flexibility [relative autonomy], as well as greater structural complexity on a higher level of organization." These four markers of transformation, all of which should be amenable to measurement, are congruent with criteria that spiritual directors have used for noting a person's growth in ability to love.

One implication here for IFS theory is that the essential, non-introjected qualities of Self such as compassion, care and wisdom evolve toward an infinite horizon. When a four-year-old runs to the door, wraps him- or herself around a father's leg, and exclaims, "I love you Daddy!" that act can be considered a perfect expression of the essential Self quality of love. Still, there is a different, deeper, wider, more complex expression of love's perfection when the child communicates it at age 24 or 64. Organic metaphors are appropriate for such development, such as considering a three foot sapling a complete, totally perfect tree, as opposed to a tenth of a tree, though many seasons later it will have a different quality of perfection when it is thirty feet high with stronger branches for birds to nest in, and more leaves to provide greater shade.

A final tenet of Wilber to be considered here is that holons emerge holarchically with each higher holon embracing its junior predecessors and adding its own new and more encompassing pattern or wholeness. Development is through envelopment, with the lower holons setting possibilities of the higher, and the higher setting the probabilities of the lower, demonstrating both upward and downward causation. Thus, nutritional and biochemical holons can profoundly affect one's psychology, as well one's thoughts and feelings affecting one's internal organ functioning.

One implication here for personal and spiritual growth and effectiveness is that lower levels of a nested holarchy of systems must always be valued and well attended. For a therapist to be maximally effective his or her internal family of parts needs to be healed, freed, harmonized, and organized around a common purpose. For NFL teams to have a chance at winning the Super Bowl the team members need to train together, huddle, work out relational and personality issues, and subsume their individual energies to a collective plan.

There is one trap in spiritual growth that IFS is especially good at addressing. It is possible for spiritual seekers or non-seekers to find themselves in deep or high states of consciousness that manifest the essential qualities of Self such as profound calm, present moment awareness, compassion, oneness, and so forth. They might even become adept at returning to or maintaining such states. However, negotiating these higher realms does not mean one has automatically or necessarily healed everything on the personality level of ego states. It is oft noted that persons with enlightened minds can remain quite conflicted and contentious in their relational lives.

One of the strengths and beauty of IFS work is that the essential qualities of the Self are not simply sought for their own sake, but are brought to bear in a healing way on the internal parts of one's ego. This active use of Self for ego integration of the psychological self functions to calm inner voices. This calmness in turn allows for the Self's passive ability to be in a witnessing state of consciousness that can evolve toward what some traditions call the unity consciousness of the No-Self.

The IFS view of the Self thus provides a bridge between eastern and western psychologies. Traditional Eastern thought tends to view ego parts as ephemeral, ultimately unreal, and the cause of suffering. If they can be mindfully viewed simply as clouds that can be noticed and allowed to pass by, persons are eventually enabled to detach and realize the enlightenment of One Taste, or a participative consciousness with no boundaries or separations. Identify with the universe, advises Simon Weil, because anything less means suffering.

Western thought in the world of mental health, however, is normally oriented to healing what looks like debilitating wounds, splits, dissociations, anxieties and polarizations that threaten personal integrity. While recent clinical work (Hayes, Follette, and Linehan, 2004; Segal, Williams, and Teasdale, 2002; Kabat-Zinn, 1990; and Kurtz, 1990) has pointed to the importance of mindful awareness for distancing a client from the immediacy of his or her internal processes, simply teaching meditation techniques alone are not thought to be adequate for every case.

IFS theory and practice offers the mediation of a third way that incorporates both passive and active capacities of Self-level consciousness. The IFS Self does have passive self-reflective awareness that allows it to bring bare attention to internal processes without adding to them or subtracting from them, in the manner of the classic eastern Witness. This calm, non-judgmental consciousness is therapeutic in itself, since it becomes obvious that the part that is seen does not encompass the seer. The part observed, no matter how hurt or homicidal, does not include the aspect of consciousness that is observing it, and is thus only a part, not the whole of the person.

However, the Self does not simply manifest passive awareness that can place a part under observation. It manifests a variety of essential qualities such as care, compassion, curiosity and wisdom that allow it to actively relate to and heal the parts that are burdened, thus fostering the integration and stability of the psychological

or ego-based self. The selective use of passive and active qualities of Self-level consciousness provides powerful tools in psycho-spiritual growth toward increased contexts of agency-in-communion.

A possible suggestion for those who use Self qualities for meditation and healing is that if a thought or feeling comes into consciousness, can be noticed and allowed to go by as a cloud in the sky, simply allow that to happen, and allow Self-level consciousness to remain in a spacious open state. If, however, the thought, feeling or sensation repeatedly comes back into consciousness with an insistent or demanding energy that will not simply pass by, then treat it as a sub-personality. Give it the focused attention of the Self, listening gracefully and respectfully to its concerns, and help it with whatever acknowledgment, healing or unburdening it needs. When it becomes unburdened and harmonized with the internal family or team and learns to trust the larger wisdom and care of the Self, it will better allow for the spacious expansiveness of the Self that can lead to the experiences of love, wonder and oneness reported by those who meditate.

THE "SPIRIT" IN VOLUME THREE

In this special issue, "Spirituality and Self Leadership", we have invited authors to share their passions in applying the concepts embodied in the Internal Family Systems[sm] model. In choosing the articles for this edition, we focused on personal practices and accounts of fostering Self leadership to illustrate both agentive (i.e., "active") and communal (i.e., "passive") means of experiencing a state of psycho-spiritual connection with Self.

Several of the articles examine the universality of the concept of Self leadership, as represented by various world religions. Thomas Holmes provides an overview from the perspectives of Christianity, Buddhism, Judaism, and Islam. Gela Altman examines Self leadership as described in the Kabbalah, the Jewish book of mysticism. Karen Horneffer and Paul Ginter describe a technique for deepening one's connection to the Self. Brian Kennedy shares his personal journey in his own evolution as a Self-led person-in-the-world. Finally, Clara Irwin offers a contemporary poem reflecting the compassionate nature of the Self with one's internal system. We hope that you find the current issue of the Journal of Self Leadership enlightening and inspiring!

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IFS[sm] Spirituality and Self

Thomas R. Holmes, Ph.D.[1]

Abstract

In this article spiritual teachings on the nature of the heart are offered as a source of insight into the nature of Internal Family Systems[sm] (IFS) Self. Spiritual practices that can awaken the energy of Self in our everyday life will be introduced as means to promote Self leadership. Insights from IFS will offer ways to bring balance into spiritual life.

One of the beauties of Internal Family Systems[sm] (IFS[sm]) is that it provides a simple yet elegant bridge between spiritual teachings and western psychological frameworks (Cohen and Johanson, 2003). The wisdom and understanding from spiritual traditions has historically been difficult to integrate with psychological models. The systemic perspective of IFS offers a foundation of understanding and experience that can deepen the dialogue between traditional psychological models and spiritual teachings. This article will explore spiritual teachings on the nature of the heart as a source of insights into the nature of Self. Spiritual practices which can awaken the energy of Self in our everyday life will also be introduced as an additional way to promote leadership of Self. In addition, Insights from IFS will be explored as ways of deepening and bringing balance into our spiritual life.

The word heart is often used to describe the core of human experience, the center of our place of being. The nature of the human heart is a central focus of many spiritual teachings and tends to be an area of understanding where universal commonalities between different religious traditions can be found. Qualities often attributed to the heart include compassion, love, patience, kindness, understanding, acceptance, connection, peacefulness as well as the capacity to soothe and heal, the place from which life has meaning, joy, fulfillment and beauty.

The Self, as described in the IFS Model, offers a special perspective and insights into the nature of the core of human experience, into the nature of the human heart.

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According to the IFS Model, Self is a meta-level of the inner system. Above the personality level where all of our various parts reside is a core Self. The Self is characterized by a type of awareness that is both a passive witness and a source of centered action. The qualities of this state of mind are: "calmness, compassion, curiosity, clarity, confidence, creativity, courage and connectedness (Schwartz, 2003)." The proposition in this article is that these qualities of Self are parallel to the spiritual qualities of heart, indeed that they are describing the same inner experience.

In order to focus the discussion of the qualities of Self and heart I will cluster them into three categories; mindful awareness, compassionate connectedness and calm confident clarity.

Mindful Awareness and Self

There is a special kind of awareness associated with a person being in Self. In this state they are able to recognize that while a certain part of themselves may be active, they can relate to the part without the part taking over their consciousness. When in self a person is able see themselves and others with great clarity and non-reactive, non-judgmental ways. In this state they are able to be present with their own inner states or present with the others they are encountering. From this state they can be either a passive witness or an active doer, whichever is called for and in this state people seem to know clearly what they are to do.

This state is very similar to the state of mindfulness as described in the Buddhist traditions. The relationship between mindfulness and IFS is explored more fully in Ginter (2003). In the practice of mindfulness a person brings full awareness to their internal or external experience. In the process of doing this they find that they become calm, centered and more at peace. Practice in many religious traditions can help active this state, but the Buddhist tradition has given these practices the most detailed attention. There are a variety of mindfulness exercises that help create the conditions for Self to arise.

Practices for Mindful Awareness

The most basic of the mindfulness practices is the exercise of closely following the sensations of one's natural breathing. Most often the instruction given is to be aware of the sensation of the breath moving in through the nostrils on the inhalation and out through the nostrils on the exhalation. By doing this one invites Self into the foreground of consciousness. Even if this occurs for only a few breaths the pattern has now been nourished and each time it is invited into consciousness it will arise more easily.

This practice can also take the form of a mindfulness bell practice. With this practice someone rings a bell and those hearing it stop what they are doing and return their attention to their breath for three breaths then go on doing with what they were doing. This can be done at the beginning of a meditation session or throughout the day as a gentle way to water the seeds of awareness. At the beginning of our staff meetings in the Holistic Health Program at the University where I was the director for a number of years, I would ring the bell and invite people to simply be aware of their breath for three to five minutes. This would help us all to start the meeting with more Self energy present in all of us. This acted as a kind of firewall against the tension of the manager parts we often brought into the meeting, the parts that had been engaged in managing all of the tasks associated with University work and would likely continue full steam ahead in the meeting if we didn't use this awareness exercise to return to Self.

Thich Nhat Hanh (1987), one of the foremost Buddhist teachers of mindfulness practices, uses a variation of this practice to help the monks at Plum Village, his central monastic community, to stay centered and aware while interfacing with the business of the everyday world. When they were deciding if a phone would be connected into the community, they devised the practice that when the phone would ring (and the ring was loud enough to be heard throughout the central area), everyone in the community would stop for three mindful breaths, and then either go to answer the phone or continue with what they were doing. This had the beneficial effect of slowing everyone down more as the phone rang more, thus making a natural braking action as more input came in.

A little mindfulness exercise each day gradually strengthens the pattern of compassionate awareness, of Self in our inner system. This is like doing sit ups each day to strengthen our abdominal muscles. A little effort each day gradually results in a significant strengthening of these muscle sets, and of course as there are many variations of physical exercises for different muscle groups, there are many methods of meditation to develop various states of consciousness.

Compassion and Self

One of the main interventions of IFS is to bring the Self into the foreground of consciousness through a process of becoming aware of parts' states of consciousness and then getting enough distance from the parts so the Self is no longer blended with the feelings and perspective of the parts. At some point in this process of differentiation the person has a compassionate curious response to the parts of themselves. It is the cue for the therapist to know that the person is now in the Self. What is unique about this experience is that the therapist is not telling the person to be more compassionate or understanding of their parts, they are simply supporting differentiation from the parts and what arises spontaneously is this compassionate perspective of the Self. The therapeutic process is a powerful technique for awakening compassion in a person, which can greatly support a person's spiritual development. There are, however, also practices and understandings that come from spiritual traditions which were designed to develop compassion, but which simultaneously support Self.

Compassion is a key concept in the Jewish, Christian and Islamic religions and all share roots in the ancient Hebrew scriptures. The core concept of compassion in Hebrew is *Racham* pronounced raw-kham[1]. This is the quality of compassion or mercy and comes from the root meaning of womb that cherishes, nourishes and gives birth. Mystics would say that racham refers to the womb of God, as the all-pervading love that cherishes creation. In Islam the concepts of *rachman* and *rahim*, mercy and compassion are so central that the beginning of most religious and many none religious meetings begin by invoking the divine mercy and compassion with "*Bismillah-er-Rachman er-Rahim*".

Compassionate love is also one of the central teachings in Christianity.[i] Jesus altered the teachings on the Ten Commandments by placing love as the most important of the commandments, (Mark 12, 29-31). In Corinthians I, 13 it is made very clear that nothing in Christian teaching is more important that love. Here the word used for love is the Greek work agape, which is perhaps best translated as compassionate love. In fact here we find one of the clearest articulations of what is meant by compassionate love in Christianity. Those familiar with IFS will notice that these qualities describe how one is when one is in one's Self.

"Love is patient, Love is kind and envies no one...never selfish, nor quick to take offence... delights in the truth. There is nothing love cannot face, there is no limit to its faith, its hope and its endurance."

Though this passage is clearly talking about the nature of Self as defined by IFS, it also illustrates a major problem with many traditional religious teachings. They set up idealized spiritual states that are beyond the ability of ordinary humans to sustain. Thus, they set off internal struggles between the idealizing spiritually ambitious parts and other parts unwilling to be pushed aside by this striving. Whenever we start along the path of "spiritual development" we risk becoming ensnared by our idealizing perfectionistic parts that may want to shut out our more human parts. This struggle can divert us from understanding the true nature of Self as a source of compassion.

One of the great gifts of IFS is that it provides a model for helping compassionate love to arise naturally. Too often in religious traditions one is left with the feeling that one "should" feel certain ways to be a good person, but people are not given methods of awakening these qualities of the heart. Instead people try to will themselves to have these qualities, activating striving perfectionist parts. This leaves little space for the experience of IFS Self which would allow the natural expression of these qualities, while at the same time allowing acceptance of one's humanness of all of one's parts, not just the "holy ones".

In his description of qualities a person has when the Self is leading Schwartz (2003) states "Such a person doesn't need to be forced by moral or legal rules to do the right thing. He or she is naturally compassionate and motivated to improve the human condition in some way because of the awareness that we are all connected." This state of compassion is not something which we *will* ourselves to have, or that we feel out of a sense of guilt. It is something that spontaneously arises when we are in the Self state of consciousness. When this state of mind is not present it is because some part of our ego self has taken over the center of consciousness and is keeping the natural centered state of the Self from coming into the foreground. When these parts of our ego self are moved out of the center of our consciousness compassion naturally arises. This non-forced nature of compassion is important to remember, because when we move into the area of spiritual teachings, we find that the perfectionistic parts of ourselves will try to force us to feel these "holy" feelings so that we will be a "better person". Feeling "compassion" from this psychological place is not the spiritual compassion of the Self or of the heart; it is a part of our ego and will end in our feeling righteous, then exhausted and then guilty. *Trying* to feel these feelings sets off an internal polarization that represses "non-compassionate" parts and brings imbalance to the inner system.

When the compassion comes from Self, it arises naturally. From this place the person does not "need" to be helpful, but they feel a spontaneous wish to understand and comfort. From this place of Self there is not a righteous feeling, nor is their judgment, fear or anger. There is a simple wish to understand and to ease the tension experienced by the part of ourselves or another person that is in distress. This type of experience is expressed beautifully by Walt Whitman in his *Song of Myself*:

> *Apart from the pulling and hauling (of everyday life)*
> *stands what I am,*
> *Stands amused, complacent, compassionating, idle, unitary,*
> *Looks down, is erect, or bends an arm on an impalpable certain rest,*
> *Looking with side-curved head curious what will come next,*
> *Both in and out of the game and watching and wondering at it.*

This "complacent, compassionating" captures the essence of these qualities of the Self as experienced in the IFS model.

Buddhism also offers a wealth of teachings on compassionate love. A central concept in Buddhist teachings is *metta* in Pali or *maitri* in Sanskrit. This concept is often translated as lovingkindness. This word has in its root meaning in the ideas of gentleness and friendship. When the Dali Lama says "my religion is kindness" he is referring to this concept. This is parallel to the quality of agape as defined in the 1st Corinthians 13 discussed earlier. It is the wish for someone you care about to be well, to be happy, to be free from suffering; the type of feeling you might have for your best friend. As with compassionate love in the Christian teachings, this concept can throw us into striving towards an idealized way of being. Buddhist teachers such as Thich Nhat Hanh and Pema Chodron, realizing this tendency in the West, emphasize the importance of starting the practice of lovingkindness towards yourself. Thich Nhat Hanh uses the analogy of the oxygen mask in airplanes: passengers are told to put it on yourself, before trying to assist others. Pema Chodron talks about the first step towards developing true compassion in yourself is to become your own best friend, to be accepting and loving towards all the different

parts of yourself. Those familiar with IFS work will notice that this is indeed the stance of the Self. There are Buddhist practices to support this process: one is the lovingkindness meditation.

Practices for Compassionate Love

The lovingkindness meditation is a simple structure for offering the wish for happiness, for freedom from suffering, for a deep joy, and peace. One can add other similar wishes such as feeling safe, free from worry etc. The practice is to offer this to yourself and to other beings in your life and as far out into the realm of beings as you wish. Many Buddhist meditations end with "may all beings be well, may all beings be happy." The practice is usually structured such that one begins directing loving kindness towards a person for whom you spontaneously feel lovingkindness. This might be a child, a close friend or family member or spiritual teacher. It is useful to find someone around whom you are not conflicted in your feelings, someone for whom you naturally feel love easily and wish them peace, joy and happiness etc. Sometimes the practice is started with one's self. I do not recommend this since many of us, especially in the helping professions, don't find that the easiest place to feel the spontaneous state of lovingkindness. It is usually good, however, after a few minutes of sending loving wishes to the first person for whom we easily feel warmth, to follow this image with lovingkindness towards ourselves. I find it good to start with sending these loving wishes to some part of ourselves that we would like to comfort at this time; it could be a vulnerable child part of ourselves, or a wounded healer part. The whole meditation could just focus on our parts if that feels right, ending with a loving wishes for all of our parts and for ourselves as a whole.

The traditional Buddhist practice moves from directing loving kindness to another person, towards whom it is easy to fell loving kindness, to ourselves, then to a loved one, then to a more neutral person, then to someone with whom you have some tension, then to someone you have difficulty with, then out to an ever increasing circle of beings until one reaches all beings. This can be altered in whatever way fits your needs or time frame, but the sequencing seems important to hold on to. It is important to not try and send lovingkindness to someone who activates a part of you, often a protector part, which may feel that sending lovingkindness to this person would put you somehow at risk. In the IFS model the important thing to do is to listen to this part and its concerns rather than trying to override it by having a part of yourself take over that thinks you "should" be able to send lovingkindness to everyone. This is again an instance where the IFS model can help us avoid our idealizing tendencies that can arise with spiritual practice. As with any of the practices of spiritual development, it is important to be aware of the tendency for perfectionistic parts to take over, undermining our capacity to be in Self and to truly nourish this source of compassionate love.

Equanimity and Self

The second quality of the Self is the calm, confident, clear and courageous aspect of the Self that in spirituality refers to qualities of patience, peace and equanimity. Most of us do not think of calm, peace and equanimity to be qualities of love, yet in spiritual teachings these are essential qualities of the nature of true love. The Zen Teacher Thich Nhat Hanh offers as a central practice a meditation on the phrase "calm, ease, smile, release." The gentle half-smile of the Buddha symbolizes the capacity to release oneself from the tensions that grip so much of our daily lives, releasing into Self. In Judaism the practice of the Sabbath is a calming practice. It has much to do with giving room for the "being" qualities of the Self after the all of the "doing" qualities of our parts have had so much space in our everyday lives. A phrase used to welcome the Sabbath is "*Shabbat Shalom*", the Sabbath peace. The quality of peace of Shalom is a central quality of the heart in Judaism, Christianity and Islam. In Christianity Christ is often referred to as the Prince of Peace and in Islam the daily greeting is as-salaam aleikhum - may peace be with you. In Hebrew the same greeting is shalom-aleichem.

This nature of the peaceful love is clearly expressed in the Buddhist teaching on the brahma vihara, which describes the condition of equanimity, which in Sanskrit is upeksha. *Upe*, refers to over and *ksh* to look. So the word refers to the capacity to see things from a perspective and to understand that given the nature of all of the conditions which lead up to this moment that there is no way they could be different. There is acceptance, non-attachment, non-judgment, letting go of expectations. It is interesting to note that this quality is one of the core conditions for successful therapeutic process and also for the capacity to be present with suffering without burning out. In this state of mind we don't have to do something to make things different; in non-judgment we simply are with this person or condition as it is. And we also accept ourselves as we are with all of our limitations, our failings, and all of our unique qualities and beauty as well. This state is that of Self in the IFS system. This peacefulness can allow us to be deeply present with our experience of ourselves and others, to really savor "being" and "being with" rather than

the common state of "doing," and "getting done," which is a realm in which our parts are often dominant.

These heart qualities are expressed the "complacent, compassionating" of Walt Whitman cited earlier and they can be seen in the image of the Buddhist bodhisatva of compassion Kwan Yin perfectly. Her name means "to looks down upon the suffering of the world from a place of deep peace." A famous pose of hers found in many statues is of a women looking down with Whitman's "side-curved head" in what is termed the "royal ease," a position of deep peacefulness while looking directly at the suffering of the world.

This compassion of Kwan Yin arises out of what the Buddhists call emptiness. This type of emptiness is referring to emptiness of ego or in IFS terms empty of the ego states of our parts. IFS gives a wonderful practical way to experience this type of emptiness in the therapeutic process of systematically separating from the parts which are in the foreground of our consciousness until what spontaneously arises is a compassionate curiosity about the parts of ourselves we were earlier struggling with. IFS therapists have seen this occur thousands of times as they work with clients and help them move through this process of returning to Self. Through the IFS work this type of peaceful compassion is not only a concept but a felt experience. At the same time there are a wide range of spiritual practices designed to awaken the same state of mind.

Practices for Equanimity

I like to begin my workshops on healing the healer with a meditative dance based on a Jewish "Shabbat Shalom." In this instance I am taking the concept of the Sabbath as a practice, which is not limited to the weekly Sabbath. This practice is beautifully presented in Wayne Muller's book "Sabbath"(1999). The practice is valuable to provide a rest from our achievement parts and to aid returning to Self. One way to create Sabbath is to place a frame around some time that will help us to have peaceful "being" qualities rather than "doing" qualities. This practice can be seen as creating conditions for Self to arise and be nourished. We can do this by giving opportunity for rest, for mindfulness or other spiritual practices. To have this kind of time is important for our own restoration. It is important to remember to also let go of the self improvement or perfectionistic saintly parts during this time. The goal is simply during these times to be present with ourselves and others from the place of the heart, of compassion, from the IFS Self.

Specifically, activities to create Sabbath conditions for supporting equanimity are as follows: 1) Give the intention of a space for non-doing using whatever guidelines you want for types of activities and inputs during this time. This might be for a day of Sabbath, an hour or a few minutes to recover your Self; 2) In IFS language, ask the parts of yourselves which need to "do" to help plan this period of time to let the system restore; 3) Have a ritual to mark the boundary of this time. This can be lighting a candle, saying a sacred phrase or reading, etc.; 4) Create conditions which support rest and centering. You can use silence, music, scents, take walks in nature, images etc.; and 5) Mindfulness practices done during this time support the emergence of peaceful presence.

The peace of Sabbath is one practice to support equanimity. Other practices that can support equanimity are practices such as Tonglen, which invites us to be present with our discomfort and our pain and to learn how to tranform that pain and discomfort. When we stop running from our pain, face it and allow it to be transformed through the compassionate heart, then we can find a deep ease in our being. This is similar to IFS therapeutic process, where we encounter the parts of ourselves that have been exiled because they carry pain. These parts are encountered from our center, our Self. From this Self interaction, the parts are able to transform into their natural forms and the system becomes depolarized and a sense of ease arises.

CONCLUSION

Spiritual practices can support Self and Self can support spiritual practice. The IFS framework and process can deepen and bring balance to spiritual life, guiding us toward a non-polarizing spiritual development. Spiritual concepts and practices can offer non- psychotherapeutic ways to support Self in our daily life, complementing the IFS process. This article offers a continuation of the exploration which was begun in the first edition of *The Journal of Self Leadership* and I look forward to the further unfolding of this dialogue in future publications.

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[i] Strongs Lexicon "7356 racham rakh'-am from 7355; compassion (in the plural); by extension, the womb (as cherishing the fetus); by implication, a maiden:-- bowels, compassion, damsel, tender love, (great, tender) mercy, pity, womb."

[ii] The New English Bible- Oxford Press

Tonglen Meditation: A Tool for Deepening IFS[sm] Therapy

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Abstract

Similar to the Internal Family Systems[sm] approach of working with exiled parts, a primary focus of the Buddhist practice of tonglen meditation is to move towards the emotional experiences that we tend to push away. The principles and practices of tonglen offer a means of enriching IFS therapy in several ways (and vice-versa). By considering the two systems together, some interesting questions emerge that contribute to the ongoing exploration of the nature of Self and Self-leadership.

INTRODUCTION

As is true for many people who have spent time with the IFS model, we are often struck by the usefulness of applying this work in a variety of contexts. It is exciting and validating to continually discover fruitful points of intersection between IFS and other philosophies and practices. In recent years, we've been particularly intrigued by the potential marriage that can occur by combining the essence of a Buddhist practice, called tonglen meditation, with the IFS model of psychotherapy. The current article provides an overview of tonglen meditation and a discussion of how aspects of this practice can complement the IFS approach to healing wounded parts. As is true of any marriage, it also raises some compelling issues, including how we conceive of the Self and the nature of Self-leadership.

THE PRACTICE OF TONGLEN MEDITATION

The ancient practice of Tonglen (which literally means *sending and taking*), has been revitalized in recent years by the Buddhist nun, Pema Chodron. It has its roots in the Buddhist teaching called *vipassana* (which is often called mindfulness practice in the West). The essence of tonglen is to become aware of our tendencies to push away things that we don't like and to grasp for things that we do like, and most importantly, to notice that in automatically responding this way we tend to close our hearts and create unnecessary suffering. The practice itself involves using the breath as a means of bringing ourselves more deeply in contact with what is being avoided - by imaging that we are breathing it in as part of our inhalation. The in-breath may represent a range of things including difficult emotions (e.g., sadness, anger, confusion, aversion, resentment), or a more abstract sense of darkness and heaviness. The out-breath, which is equal in length to the in-breath, represents what would be considered the "antidote"- or the opposite quality - of the in-breath. This antidote can be something abstract such as lightness, joy, or peace. It can also be something as concrete as "a good cup of coffee" (Chodron, 2001b).

Upon hearing this initial description, a reasonable person might ask, *"Why in the world would I choose to do this?"* There is something notably counterintuitive about the practice, particularly in comparison to the usual relaxation or visualization technique that involves virtually the opposite instructions of breathing out what we don't want and breathing in what we desire. Certainly the latter practice fits more closely with our societal norms of getting rid of things that don't serve us and acquiring things that will make us healthier and somehow better. It is helpful to understand that the intention behind tonglen is to loosen the grip of habitual patterns of the mind. As Chodron (2001a) explains,

> *The darkness we breathe in is really only a visualization that we create in our minds. It represents the tendency of our hearts and minds to shut down and harden. It isn't something that we could get rid of, for example, by locking it in a box and throwing it over a cliff. It isn't something foreign that we are taking into our system. We're just learning to open. We open on the inbreath by taking the darkness into a vast open heart. We open on the outbreath by sending out spaciousness and light. Either way, in or out, we are opening further and further* (p. 91).

The formal practice of tonglen assumes a background with more basic approaches to sitting meditation, such as focusing attention on the breath while observing thoughts and feelings that arise. One begins the sitting practice of

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tonglen by first "flashing a sense of openness." As the phrase suggests, this step involves briefly contacting a feeling of spaciousness within, by imaging, for example, a wide blue sky. In IFS terms, this step can be viewed as briefly accessing Self. The next stages of tonglen involve breathing in the texture of heaviness, darkness, or stuckness and breathing out the texture of lightness, freshness, or coolness. There are various steps in the formal sitting practice that involve doing this process both abstractly and in relation to one's own life or the lives of others. These stages are followed by doing the practice for all of humanity, with an awareness of our shared suffering and our shared desire for happiness.

The form of tonglen which is perhaps most relevant to the world of psychotherapy is working with a client's own (or one's own) difficult emotions as they arise. Chodron refers to this as "tonglen-on-the-spot." The underlying intent is to greet experiences of pain not only with a willingness to endure them, but also with an openness to use them as opportunities to awaken and soften the heart (Chodron, 1994, p. 7). This is done, quite simply, by allowing oneself to fully feel emotions as they arise. If the emotions are painful, there is a focus on breathing the feeling into the body and exhaling a sense of lightness. As this breathing is done, there is a recognition that other people feel this way too, and an intention that the outbreath might bring relief more universally. When the emotion is positive, it is inhaled in order to fully experience it, and with the exhalation there is an offering that others might know this same feeling.

In doing this practice of staying with the emotions, what often becomes apparent is the amount of mental gymnastics or extreme behaviors used in order to avoid deeply feeling. From an IFS perspective, this avoidance is seen as the efforts of managers and firefighters "to keep vulnerable and needy parts locked in inner closets" (Schwartz, 2003). These efforts can take a multitude of forms from blaming, running away, and telling ourselves stories - to engaging in impulsive behavior such as bingeing on drugs, food, or even work.

We practice tonglen by breathing in the texture of our feelings, for instance, if we overhear a conversation that evokes insecurity and vulnerability. Instead of letting the mind spin some story to move us out of our feelings - or letting our managers intervene *("Oh I'm sure they didn't really mean to exclude me," "Who cares what they think anyhow"*), we let ourselves stay with the emotion and notice what it feels like in our bodies. The value of using the breath to stay present with feelings is that there is often a tendency to move so quickly out of uncomfortable emotional experiences that we don't even really know what these emotions feel like, or what messages they might hold. Tonglen practice invites us to ask ourselves, *"What does sadness feel like?" "What does anger feel like?" "What does it feel like to be vulnerable?"* In IFS terms, by allowing ourselves to stay present with the feelings of our parts, we come to know them more fully, thereby coming into deeper relationship with them.

Pema Chodron describes this process as "abiding" with our experiences, as opposed to "abandoning ourselves" as we attempt to escape what we are feeling. By doing this, not only do we deepen in our capacity to know ourselves, but more profoundly, we deepen in our capacity to know everyone. This is especially true when we are able to drop beneath the details of the "triggering" event and stay present, as fully as possible, with the texture of the feeling in the body. This aspect of tonglen is similar to the recognition in IFS therapy that an intellectual part recounting a story is not healing to the part that has gone through the experience.

Thus, in the spirit of tonglen, we allow ourselves to feel the ego-piercing and uneasy quality of insecurity, knowing that other people feel this too. The content of the overheard conversation may differ, but the emotional consequences are strikingly universal. This process is viewed as the doorway to realizing our connection with all other humans; it serves as the doorway to compassion. In Chodron's (2001a) words, "You can't stand in another person's shoes until you stand completely in your own" (p. 86)

Applying Tonglen to IFS Therapy

A quality shared by tonglen meditation and IFS therapy is the rich and rare invitation to embrace emotional pain, both in the moments that these difficult emotions arise, and when necessary, by revisiting the wounds held by exiled parts. As Schwartz (1997) describes, IFS offers a path of "compassionate resilience" that serves as a middle ground between the two common alternatives offered in our society: to shake off life's blows, or to become overwhelmed by them (p. 43). Similarly, what the practice of tonglen proposes is a path of embracing and opening to life's challenges through repeated acts of genuine courage.

The overview of tonglen meditation presented is not meant as an encouragement to begin formal practice (given that this is best done with the guidance of a teacher). Instead, what is often most appropriate and useful in working with clients is simply to present the idea behind tonglen meditation as an additional way of encouraging them to move into their emotional

experiences and to understand that this can be balanced with a sense of spaciousness. Tonglen offers a middle ground alternative, similar to "compassionate resilience," in which the Self can consciously choose to move toward emotions as opposed to "being overwhelmed by and blending with" them (Schwartz, 2003). It represents the middle ground of choosing to wade into the water, as opposed to finding oneself engulfed by an enormous wave, or vowing to avoid the beach all together.

In some contexts, it is possible and appropriate to integrate certain aspects of tonglen with IFS therapy as a means of increasing the presence of Self-leadership. This can be done in four particular ways. First, tonglen meditation offers a philosophy that sees value in accepting aspects of ourselves that are often devalued in society. As Chodron (1994) points out, "Nobody ever encourages you to allow yourself to feel wounded first and then try to figure out what is the right speech and right action that might follow" (p. 61). This philosophy can offer encouragement to manager and firefighter parts to see that it is safe for exiled parts to be accessed and to be willing to step back - an essential step in order to work effectively with exiles.

Even simply introducing the idea of tonglen may be useful in identifying extreme manager parts that are intent on protecting the system from experiencing the pain of exiles (*"That's not a good idea. We can't feel that type of pain.").* This response can serve as a useful entry point for working with the concerns of manager parts, and for beginning to sense the exiled part that it is protecting.

The encouragement to feel what we feel highlights a central premise that underlies vipassana practice; that much of our suffering arises out of our self-created concepts about our experiences, and our tendency to push away the experience itself. In IFS terms, being overwhelmed by sadness and fear can actually be amplified by the presence of polarized parts – parts that want the exiles to go away. It is not the sadness or fear in and of itself that creates intense pain, it is the sadness or fear *being told that it is not okay to feel such feelings* that is most difficult. This is borne out by a common experience in which clients, contrary to their expectations, find that by more deeply opening up to their feeling, these feelings become less intense.

A fascinating study conducted by Kemeny (Moyers, 1993) supports this notion. In efforts to study the effects of intense feelings on the immune system, immune functioning in actors was measured as they went into emotional states ranging from extreme exhilaration to extreme despair. The study's results showed that experiencing both extremes resulted in higher, more effective levels of immune functioning, compared to neutral emotional states. This, perhaps, is analogous to what people refer to when they say that they had a "good cry." Furthermore, immune functioning does seem to be compromised when individuals experience chronic depression, a state that often involves masking or fighting feelings of sadness or grief.

Pema Chodron tells a story of an Indian saint named Milareppa, which powerfully illustrates the courage and reward inherent in embracing painful emotions:

> *When Milareppa, a renowned saint and teacher, returned to his mountain cave, he was greeted by a group of demons. His first inclination was to "enlighten" them by teaching them great truths. He found, however, that his teachings had no effect on them. At this point, he decided that as long as they seemed intent on staying, that he would make a comfortable home for them – he would, in essence, treat them as honored guests. Upon giving them tea and cookies, all but one of the demons instantly disappeared. Now, being face-to-face with the lone remaining demon, which was particularly fierce with huge teeth, Milareppa felt he had no other choice but to step into the mouth of the demon. At this point, the final demon disappeared.*

Along with encouraging managers and firefighters to step back, a second way that tonglen can be applied to IFS therapy is in working directly with exiled parts. When taken together, the principles of both models offer a useful way of articulating what it means to be in deep relationship with painful aspects of ourselves. For example, the IFS conceptualization of wounded, exiled parts offers a language and imagery that can greatly enrich one's practice of tonglen. The commonly used instructions of breathing in the "texture" of a feeling can take on much more richness and clarity if a person is able to conceive of this texture as a part within them. The tonglen notion of shifting one's awareness from the details of "what happened" to the feelings in the body also offers a way of intimately embracing a part. This may be especially useful when a client is having difficulty experiencing emotion, or is caught in a habitual pattern of relating to a stagnant concept of a part versus knowing and seeing its evolving, changing nature. Deeply experiencing exiled parts also adds a richness to what IFS

therapists call witnessing. Given that exiled parts often want to be witnessed prior to letting go of the burdens that they carry, tonglen can be a useful precursor to the unburdening process.

By using both IFS and tonglen principles, feelings of vulnerability can be approached as if weaving together a fabric, with each alternating layer building on the previous one. Parts language offers a way to clearly connect with emotions in a concrete form. Tonglen breathing can deepen the experience of the feelings that are being held by the part. Conceiving of this vulnerability as a part offers a way for this wounded aspect to give voice to what is being experienced, which then can be followed by an invitation to return from words to feelings, and from the head to the body, in order to drop more deeply into the experience of the part.

A third aspect of tonglen meditation that has relevance for IFS work is the emphasis placed on balancing the inbreath and the outbreath. The inhalation can be viewed as offering a deeper experience of the part's feelings and the exhalation can be seen as offering an experience of Self. This balance between the inbreath and outbreath offers a model for how clients can come to a place of equilibrium in relationship to the feelings held by exiled parts. For clients who lean toward over-intellectualizing their experiences, the inbreath becomes particularly useful for bringing them in closer contact with exiled parts. For clients who feel emotionally overwhelmed by a part, the outbreath is helpful for accessing more Self-like qualities. Either way, the equal emphasis on inbreath and outbreath encourages balance in the system.

A fourth application of tonglen to IFS therapy is encouraging a recognition that other people in the world also feel this type of pain. When this awareness arises organically, it offers a deep sense of connection to the commonality of human experience. This, in and of itself, can be deeply healing by moving a person out of their sense of isolation into a more Self-like compassionate stance for their own part as well as for other people. Ironically, this healing comes precisely at the very center of the most painful emotions that seem utterly personal.

Implication of for Self and Self-leadership

What is most intriguing about tonglen meditation is that in arriving at this place of recognizing one's own pain, and the reality that others share such pain, one has achieved the goal of the practice. This goal, in Chodron's (1994) words, is to experience *bodhichitta*, or an awakened heart. An awakened heart is defined as a heart that contains compassion, openness, and clarity because it is softened by pain. What is essential in the understanding of bodhichitta is that this awakened heart is, in fact the "wounded, softened heart" itself (p. 11). It is a state made possible only by working through the deepest of pain.

It is interesting that this description of bodhichitta, in a sense, elevates the importance of wounded and exiled parts of ourselves. From a tonglen perspective, there should be a sense of excitement in having opportunities to encounter such parts because they provide the pathway towards spiritual growth and awakening. There is an amusing account of one of the first teachers of tonglen who chose to have his "tea boy" be a gruff unpleasant individual who would consistently evoke inner material to work with (Chodron, 2001b). Schwartz has aptly used the term "tor-mentor" to describe this phenomenon. From a tonglen perspective, there can be a slice of humor found in having such difficult emotions gifted upon us without even having to pay for them.

On a more serious note, the practice of tonglen does suggest that the path of awakening involves being deeply present with the emotions held by exiled parts. This experience of fully feeling one's own feelings, along with enlarging this experience to include others, can lead one to a state of compassion, clarity, and spaciousness that feels notably Self-like. It is almost as though there is a "magic wardrobe" (to borrow an image from C.S. Lewis) that is placed in the most precious and vulnerable core of exiled parts, which leads directly to Self.

Possibly the description of bodhichitta, or the awakened heart, is also a description of what a Self-led system looks like when the Self is in close relationship with vulnerable parts, and when parts that may have been exiled are no longer in this polarized state. Taking this a step further, the description of bodhichitta suggests that one quality of a Self-led system that has "cultivated an awakened heart" is that the Self is able to easily access a "tenderness tinged with some kind of sadness" (Chodron, 1994, p. 11). Of the eight descriptors that Schwartz (2003) offers in delin-

eating the Self (e.g., compassion, calmness, clarity, curiosity, confidence, courage, creativity, and connectedness), this notion of bodhichitta seems to intersect with the first: Compassion. The nature of bodhichitta offers a depiction of Self that differs from the traditional mindfulness notion of a detached observing witness. Instead, it implies that to what ever degree the Self functions as a conductor for all

the parts (Schwartz, 1987), it is a conductor that can be touched by emotion.

It is also interesting to revisit the emphasis on the equal inbreath and outbreath in tonglen meditation and the implication of this practice in describing the Self-led system. The rhythm of the breath in tonglen serves as a metaphor for the underlying Buddhist principles on which the practice is based. In Buddhism, suffering is considered to be caused by "attachments," which can take the form of grasping for what one wants (attachment to desires), pushing away what one doesn't want (attachment to aversion), or holding emotional experiences and opinions with a sense of non-changing permanence and "realness" that ignores the somewhat arbitrary nature of perception (attachment to illusion). There is an encouragement in various forms of meditation to continually peel away more and more layers of the "false ground" upon which we stand, including an attachment to non-attachment that can emerge along the way. The journey invites us to come to an acceptance that there is really "no one place to stand" (e.g., no one right way to feel or think, nor one static state of experience).

The implication of this process, when translated into IFS terms, is that the Self-led system is one that contains a flexibility and fluidity of movement in which both Self and parts are easily accessible with a sense of non-polarization and non-stuckness – as captured in the rhythm of the tonglen breath. This image describes the type of harmonious inner-ecology seen when one is in Self-leadership. As described by Schwartz (1997) there exists a strength in the system like that of a huge willow which bends and gives in the wind, versus a type of resilience that is brittle and rigid (p. 43).

CONCLUSION

It is interesting to consider the various aspects of tonglen meditation that can be integrated into IFS work. Using these two systems in conjunction with each other can offer additional tools for working with managers and firefighters, and for deepening the Self's ability to be present with the emotional experiences of exiled parts. The goal in tonglen meditation, of cultivating an awakened heart, has implications for the value of embracing exiled parts and for the role that these parts can play in fostering compassion for others. The practice of tonglen also emphasizes the key role that fluidity in movement between the Self and parts might play in continuing to understand the nature of the Self-led system.

It is also worth noting that a parallel article could be written for tonglen meditators. The clarity in understanding psycho-spiritual functioning that has been advanced by the IFS model offers a similarly useful contribution that can deepen and enrich the practice of tonglen. Hopefully this dialogue regarding the East-West interface and its relevance to IFS, as encouraged by Cohen & Johanson (2003), will continue in both directions.

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Standing at the Edge of the Abyss: Risk Taking, Transcendence and the Art of Letting Go

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Abstract

What follows is a consideration of the concept of transcendence, the phenomenon of the "abyss," risk taking and the process of "letting go." The traditional concept of transcendence is seen as an orienting or movement towards spirit or the heavens. This article considers an alternative to this more traditional view—that is, transcendence as a movement toward the earth and into emotional pain or vulnerability as a path to transcending our earthly limitations that hinder our spiritual evolution. The phenomenon of the "abyss" is also considered through the Internal Family Systems[sm] *theoretical lens as a container for exiled parts constructed by our protective managerial parts. Finally, risk taking and the process of "letting go" are discussed as necessary actions to engage in so that physical and emotional well being can be enhanced, thus limiting the potential emotional, physical and psychological impact of traumatic experiences.*

* * *

> *Embarking on the spiritual journey is like getting into a very small boat and setting out on the ocean to search for unknown lands. With wholehearted practice comes inspiration, but sooner or later we will also encounter fear. For all we know, when we get to the horizon, we are going to drop off the edge of the world. Like all explorers, we are drawn to discover what's waiting out there without knowing yet if we have the courage to face it...*
>
> Pema Chodron

It is 6:45 a.m. There is crispness in the air on this mid-September morning. The sky is already well on its way to deep blue. In my mind, and this sky that seems like my mind, there are no clouds, no haze. I can see for miles. I sense the sun just around the upper reaches of the Valley. It's here now and I feel the warmth on my face. The goose bumps on my skin begin to fade as my body moves into that warmth. My eyes are closed and I look through them at the sun and see subdued red. My breathing is absolutely perfect: rhythmic and harmonious. I feel connected to all that surrounds me; light emanates from me. I feel more at peace in this moment than I have ever felt in my entire life and I am standing on a ten-foot-long, three-foot-wide granite rock ledge 1000 feet above the floor of Yosemite Valley in the Sierra Nevada Mountains. Above me is 2000 more feet of sheer, vertical granite fading away into that blueness. To my left and to my right for a quarter mile is more vertical rock.

If I toss the bagel in my hand (my breakfast) a mere few feet away from where I stand, it will plummet 1000 feet unobstructed to the base of this wall. Standing here I have no fear. I love it. I swim in it. I drink it. It is life for me at 24 years old. I say to myself, "This is God." "I feel love." It or she is here. Here in my closed eyes, here in my mind and in my heart. Here in the rock behind me, in the trees below that look like toothpicks, in the climbers standing at the base who look like ants. Here in the air I breathe. "Are you there?" I ask. "Are you real?" "Where are you?" Parts of me begin to doubt. But I sense something in what my closed eyes drink in and what my heart is open to. My mind goes to flying. I think about rising above all that limits, above all that constrains, my body, my consciousness. Delicious. Suddenly my mind goes to falling. I could unclip from this carabineer that keeps me safe and tied into the rock and step off this ledge into the great chasm that spreads before me and fall like the bagel unobstructed to my obvious death. I fear. My heart begins to pound. My palms get sweaty. My respiration rate begins to escalate. I hear inside, "Life is precious. There is much to live for." Someone else says, "But what if we fly?" "We can move beyond this earth bound existence." But what would I gain by flying and how could I fly? Or would I die? Maybe I would be set free. I could "let go," un-clip from my constraints and float down into the bliss of this great abyss. A clear still voice says, "There is much more climbing to do."

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It was 1989 and in that exact moment, standing on that ledge, I felt more powerful, more connected to spirit and my true or authentic self than I ever had to that point in my young life. I was an adventurer and an Outward Bound mountain guide working five to six months out of each year guiding groups of people in the mountains and witnessing their transformative growth experiences in this unique therapeutic setting. The remainder of the year was spent on my own climbing trips, various hitch-hiking adventures, and road trips seeking whatever the mountains, life, and the road had to offer.

Two months prior to standing on that ledge, however, a woman that I worked with in the mountains broke my heart. We had met working for Outward Bound and her love of life and vibrancy had caused my heart to open wide to her energy and soul. Although standing on that ledge, the emptiness and loneliness triggered from that breakup was still pretty raw and very much alive within me, I somehow felt connected to something much larger than my self that at the time I did not have awareness or understanding to describe.

Recently, I became intrigued by the interplay of the different parts of my ego structure that were in operation during that time of my life and began to ask some questions. Why was I so willing to risk my life in such extreme ways? In what way was my risk taking and adventuring essentially the same process as it is for any other person taking any other risk? Why were there parts of me so intrigued by the abyss and falling towards the earth, and paradoxically why were there other parts of me so interested in climbing and flying away from the earth? Was God or love really there with me and in what ways did my risk taking both detract and facilitate transcendence of my pain?

Some might say there was a sensation-seeker running the show, an adrenaline junky addicted to the high of this higher place, numbing my body through the exiling of fear, attempting to transcend some smoldering fire (a result of the broken heart, loneliness or some other shadowy, buried pain) contained within a foggy, hazy, depressive state. Or possibly, I was looking to simply feel alive, hoping to help long asleep parts of me to wake up from their slumber. Or maybe, I was just pushing to the edges of my potential as a human being, rising to the challenge of the limits of my physical, spiritual and emotional selves.

In the words that follow, with the help of the Internal Family Systems theoretical lens and clinical examples, I will attempt to make sense of what was at work for me on that ledge. I will discuss the parts of me and others that engage in risk taking, their motivations, the desire that all of us have to transcend pain or earthly constraints, the processes involved in transcendence and the places or containers where our exiled parts are held as well as the hidden treasures that can be found within these containers when we risk trips into these abysses.

Falling into the Abyss

Sitting in my office recently with Ann, a female client of mine, attempting to help her make sense of why she was not able to "let go" of pursuing her partner who was a serial intimacy avoider, she became aware of a pit in her stomach that she often felt in reaction to this pursue/withdraw pattern they played out between them like a needle stuck on an old turntable in the groove of an LP. I asked her to move her awareness to that place in her body where she experienced the sensation that appeared when her partner moved away from her. As she did that she became aware of something that she referred to as an abyss and almost instantly I witnessed her body begin to get rigid. With her eyes closed, she explained that she was seeing an image of a big dark hole that seemed to go on and on into the dark recesses of her being. Her core body temperature began to rise; her respiration was increasing, as was her heart rate. She appeared to be moving into the initial stages of a panic attack. Gently, quietly, I said to her, "Ann, don't forget to breathe." I quickly scanned my body for escalations as well. I asked her to stay focused on the edges of the abyss, to not move too quickly and to be careful to not be drawn into the center of it. John Welwood (1990) stated, "In facing intense pain, it is often helpful at first to spend some time making a space for it, allowing it just to be there, 'sitting on the edge of it,' and inquiring into it." Still at the edge, we checked with, negotiated, reassured and got permission to continue from the parts of her that were triggered by our initial focusing on the pit in her stomach. They said they feared her getting overwhelmed and lost forever inside this abyss. Her body began to slow down and she was able to "let go" a little more. Her body was less tense and stiff. I then asked her if she could move a little closer to the abyss and maybe even move into it. She described an experience of falling or floating as she moved deeper into her abyss. As she did that some of my own experiences of falling came flooding back into my awareness.

At times while climbing, my physical resources would give out. My forearms would weaken, my fingers or edges of my climbing shoes would begin to slide off the edges or cracks they were purchased on, and I would fear

falling. The split seconds before a potential fall were always the same, an initial surge of adrenaline, a panicky, gripped feeling and a message from a protective part of me telling me to hold on tighter, to not let myself go. It was the beginning stages of an ever-escalating fight or flight response. My palms would get sweaty; my mind would get hazy and panicky as would my body. One leg at times would begin to move spasmodically up and down like I was using an old manual sewing machine. My breathing would increase, as would my heart rate. My first instinct at these times would be to hold on tighter. Although it seemed intuitive, the paradox was this, if I stayed anxious and held on tighter it actually would increase the likelihood that I would fall and more likely that I would get hurt if I held on tighter as my body wouldn't be supple or flexible if the fall did happen.

When I have fallen, when there was absolutely no choice but to let go, if I pushed away from the rock with full awareness, although it could be terrifying at times, the results were always the same. During the split second (approximately 1.4 seconds for a 30 foot fall, Stark 2002) that it takes to hit the end of the rope, I would move from extreme fear to extreme terror to extreme peace all in the blinking of an eye. As my body was increasing its speed towards terminal velocity, the wind would be rushing by my ears, all I would hear was whoosh; I would only vaguely be aware of my body rushing past the rock. The panic that moved through my body would be quickly replaced by something that I can only describe as peacefulness. It's a degree of peaceful feeling that I have never experienced anywhere before except in doing my own internally focused experiential psychotherapy or at times with meditation. The best way I have of describing this experience is to say that at the very end of the fall, as the rope stretched tight, it felt like I was being held by the hand of God.

Falling and the Autonomic Nervous System

Fear and arousal are regulated by the limbic system, the part of the brain that is in charge of regulating instinctual survival reactions and emotional expression. The three instinctive reactions the body manifests when this system is activated are fight, flight, or freeze. The limbic brain regulates the autonomic nervous system, which is made up of two major components, the sympathetic nervous system (SNS) and the parasympathetic nervous system (PNS). When the SNS system is activated and prepares for fight or flight, the significant changes in the body that can be experienced are: increased respiration and heart rate, increased blood pressure, sweating, increased or decreased temperature and rapid thought patterns (Rothschild, 2003). The PNS system is engaged when we are experiencing feelings of calmness or peacefulness. As we go about our days, from moment to moment, the PNS and SNS, like a balloon rising and falling on currents of hot and cold air, are engaging and disengaging depending on the external and internal stimulus. There is a constant cycling of these arousal states in response to perceived and actual threats from our environment and in response to the messages coming from the parts of ourselves (managers) designed to protect the vulnerable parts (exiles) of our internal system.

In the example of climbing described above, I would experience a complete arousal cycle when I would fall or fear falling. The arousal cycle worked in this way: 1) My strength began to wane; 2) I would perceive danger; 3) my SNS would get activated as my mind and body prepared for the challenge; 4) the arousal would peak at about the same time the fall would happen or I pulled my self to safety; 5) the arousal would begin to decrease as the PNS re-engaged; and 6) I would be left feeling peaceful and satisfied and even a bit euphoric at the end of the fall or the top of the climb. This cycle of arousal is a normal process and although the climbing example above is extreme, most of us enjoy the euphoric feeling experienced at the end of an arousal cycle.

For someone who has been frozen in fear as a result of trauma, the above cycle is different. Protective parts often prevent or avoid completion of the cycle as he/she has had good reason to distrust the cycle. According to Peter Levine, author of *Waking the Tiger* (1997), "This is because to the trauma survivor arousal has been coupled with the overwhelming experience of being immobilized by fear." He/she has essentially been frozen by fear as a result of past trauma and has consistently and habitually avoided experiences that re-create this cycle. Most likely as a result of attachment trauma and other developmental wounds, my client Ann avoided "letting go" of her partner at all cost for fear of losing whatever little experience she was getting of love and connection. To "let-go" meant to her protective parts a long slow descent into some empty, lonely, scary place inside of her which, if even just thought about or imaged for a fleeting moment, would often trigger the beginning of the arousal cycle which was terrifying for her. Peter Levine further states that in order for the trauma survivor to heal the trauma he or she must learn to "let go" and trust the nervous system and the arousal cycle and be able to flow with its normal and natural up and down process. Although Ann's process was more about avoiding her abyss triggered by the relational process with her partner, her experience was

very similar to my climbing example from above as our body experiences were much the same.

Fear Stories from the Edge

During the arousal cycle as fear is increasing, it's not just sensations in the body that are experienced, there are also stories being played out in the mind by the protective parts of ourselves that help perpetuate the increase of fear in the body. These stories can be as simple as a small doubting voice telling us to be careful or a part projecting onto the movie screen of our mind abysmal failure and carnage in relation to the perceived risky situation.

During original distressing and upsetting experiences from childhood, if we are left to contend with making meaning from these events in isolation prior to the maturing of our neurological systems and without a conscious, aware adult to help us make more coherent sense of these overwhelming experiences, parts of us will begin to develop incoherent fear stories that we will access later in life during challenging risky times. For many of us, how fear was storied or not storied by our original caregivers during original disturbing moments in our youth has a lot to do with how we relate to fear and the arousal cycle today. Through these generational transmissions of fear stories, we have been taught to distrust that feeling of fear that arises in risky situations. Whenever a degree of the arousal cycle is experienced we may back away from it, told by one of the protective parts of ourselves (replaying the childhood and family messages) that we should fear our fear, thus not allowing for completion of the cycle and movement through the fear into the potential for more peaceful feelings.

To be fully human means to feel fear and trembling at least some of the day (Becker 1973), yet we live in a fear negating culture that encourages us to exile our fear. In referring to the cultural stories about fear, Miriam Greenspan stated it this way, "The basic lessons of a fear negating culture: Fear is a "negative emotion" that gets in the way of everything good. Feeling and exhibiting fear bring shame. Only wimps and cowards are afraid." Due to our original painful childhood experiences, and due to the family and cultural stories handed down to us, when we begin to feel fear, we often relate to it in a variety of ways that are problematic and lead to even greater issues. Our protective parts want to control us and our environment so badly, that they can shame, numb, exile, act out in relation to our fear, or become a warrior to or a victim of our fear (Greenspan 2004). Often the fear is not the problem, it is the ways in which we contract away from it and relate to it that creates even more challenges when what may be called for is a "letting go" and/or developing ways to befriend and feel the fear. "The first step in taming the lion of emotions, in transmuting their fierce energy into illumination is to befriend it by letting it be, without judging it as good or bad" Welwood (1983).

When confronted with challenging, threatening situations, one of the most difficult things to do is to let go and feel what we feel. Yet at times that is what is called for when there is absolutely no choice: as when our spouse announces that they are leaving us, or our beloved child goes away to college, or our doctor just announces that you have cancer, or maybe something as simple as a look of disapproval on someone's face emerges as we state our opinion. What do you do then? As in climbing, if you hold on tighter, trying to control the situation in some way, often it is more likely that you will fall or that your fall will be more painful or longer lasting.

As Ann was moving into her abyss, trusting her nervous system, and having the experience of falling, she began to experience a peaceful, calm feeling in her body. Joseph Campbell (1991) wrote, "At the bottom of the abyss comes the voice of salvation. The black moment is the moment when the real message of transformation is going to come. At the darkest moment comes the light." I checked in with her to see how she was doing and she expressed that she was feeling ok, although still feeling some of the effects of the vertigo. She opened her eyes for a few moments to re-orient or ground her self before focusing back inside. Once she was focused back inside, the image of a desert landscape began to emerge as did the image of what she described as a little girl in tattered, ripped, dingy clothing, with dirty matted hair. She described the little girl as looking like her; about the time her father began to spend more time away from home and away from the toxic energy of her mother. She began to cry a mixture of sadness and compassion as the images of the little girl that she once was came flooding back into her awareness.

To Ann the desert represented the experience of being alone without nourishment, knowing that she had no connection in the desert; she was all by herself. She had often talked of an immense sense of loneliness in referencing the experience of her life, especially in relation to her partner. Eventually, as she began to connect with the girl, a number of stories emerged. Some of these stories were, "I don't deserve love," "there is something wrong with me," "I must do something more or less to get love and connection." She described the little girl as if she were a refugee without a home, like a

lost dog wandering the streets for years without anyone to love or care for it. Whenever she began to sense her partner pulling away from her, that sick feeling in her stomach would emerge. It would also come when she anticipated connection. There was a hope that would come for connection from her partner and when it didn't happen, disappointment would set in and she (the part) would be cast back into the abyss and out into the desert without hope for nurturance or nourishment. Although not overwhelmed in this current moment sitting in the office, the tears continued to flow as she befriended, fully felt and witnessed long lost or exiled emotions, stories and sensations. Ann had just moved into and through one of her biggest abysses and we were both witnessing its transformation. Henry Nouwen (1975) stated, "As hard as it is to believe that the dry desolate desert can yield endless varieties of flowers, it is equally hard to imagine that our loneliness is hiding unknown beauty." Moving into her abyss and being present to her sorrow, allowed Ann's compassion to flow. This process also allowed for the digesting of her previously undigested grief.

Abyss as Container

Abysses take many forms. I have heard the abyss referred to by my clients as a void, a nothingness, an emptiness, a black hole, a vacuum. Most of us have many abysses. There are abysses that contain parts of us that carry the traumatic experiences of the past and all their memories, sensations and feelings of isolation, chaos, rejection, abandonment, shame, grief, sadness, and emptiness. There are also abysses that carry fear of annihilation or the experience of nothingness as well as the ultimate fear, death. Sam Keen stated it this way: "Beneath our fear of high places and things that go bump in the night there is a primal fear of what the existentialists call ontological anxiety-the fear of extinction, of the void, of nothingness, of death-that is an abiding climate in the bottom of the psyche." In my experience, when clients have gotten connected to their abysses, when we have made space for the abyss and actually moved into the abyss what they find there is often quite surprising. Keen again stated, "Gradually, a voice, almost a whisper, emerged from the black hole. 'I am small, alone, sad, and helpless. Death is lurking. My only hope is to curl up, be very still, and wait. I am abandoned. Please rescue me.'"

IFS[sm] calls these parts contained in the abyss exiled parts, vulnerable child-like parts of people that hold burdens or extreme emotions or beliefs that are a result of traumas experienced often from childhood (Schwartz, 95). Many possibilities exist to explain what the perceptual experience of the abyss itself might be for people. Viewed through the IFS lens, one possible theory is that the abyss is a construction of our protective managerial parts (managers), something that's not innately built into the human psyche, but constructed and projected into our visual and felt sense awareness to keep us away from material they believe is too much for our character structure to handle. Viewed in this way, the abyss can be treated as a projection of an image by a managerial part, designed to scare us and keep us away from the vulnerable exiled part's traumatic material. Or you can treat the abyss as a "place" in the internal system, created by a manager where the exile is held, essentially a container for pain. In my work with the abyss, I choose to think of the abyss as a "place" in the internal system and help my clients with conscious awareness to move or descend into it. There are times, when after a safe therapeutic container has been established, sensitive traumatic memories or histories are uncovered which require several cautious, thoughtful trips into the abyss. Yet the experience for most of my clients is that it is never as scary as they thought, when with conscious awareness they begin to descend or move into the abyss. When they begin to descend or move into the abyss and witness and connect with the exiled emotions, sensations, memories and beliefs from a calm, clear, aware place, the symbolic representation of the abyss transforms. What was once an abyss, dark cave, or black hole is no longer. Ann's abyss went from a big black hole, to a desert, and eventually when the memories came and sensations and emotions were re-experienced from the consciousness of her current adult self, both the desert and the abyss disappeared from her consciousness and awareness.

Origins of the Abyss

I was a skinny, scared little kid who didn't get enough guidance, attention or love from anyone, often witnessing the physical abuse of my mother and compelled into being her protector from the violence. Much of my early experience in life was that of loneliness and emptiness. I recall trying to get attention and love and being ignored or rebuked and often the only way I had of getting any possibility of love or attention was to be pleasing and caretaking towards my mother. I look back at pictures from that era and I feel so much sadness and compassion for that little guy. My mother was too occupied in her attempts to save herself from a very real potential death at the hands of her abusive second husband or from saving him from his own alcoholic oblivion to give me what I needed. She was under the control of this abusive man who forced her into submitting to his psychological, emotional, and sexual will.

Because a lot of the original experiences of trauma and all the sensations, emotions, beliefs that accompanied those experiences were too much for my little boy consciousness and neurology to handle and because there wasn't a conscious, aware enough adult to help me make sense of the experiences in a coherent way that could be integrated into a developmentally appropriate "little boy" narrative, I developed stories or narratives about the experience that were incoherent (Daniel Siegel 2003). As a result, parts of me were essentially compelled into developing a safe place for the sensations, memories, beliefs and emotions to be stored. "Whenever we turn away from some aspect of our experience, emotional black holes form in the psyche. Real healing can begin only when we finally learn to be present in the places where we have been absent" Welwood (2003). It wasn't until I started investigating these experiences through expeditions into these abysses, often physically experienced as troubling sensations in the pit of my stomach, tightness in my chest, and visually experienced as a "big black hole," that I began to unpack some of the pain stored in my abysses that were created by the protective parts of myself. I was then eventually able to "see" and "witness" more clearly from a more conscious, aware place (IFS calls this place the "Self") as did my client Ann, that the narratives written from childhood didn't make coherent sense. The narratives that were written during those original points of trauma for that little boy in me were: "I'm not worthy enough to have love," "there is something wrong or flawed about me," "to have love, I must be pleasing and rescuing," "it is my job or lot in life to sacrifice my needs for another in order to get love." These were the stories mixed with the painful emotions and sensations that were re-triggered by the breakup with the Outward Bound woman prior to the climb on El Capitan and although quelled by the bliss of that place and the climbing, were still very active within me standing on that ledge.

Perceived Risk and the Abyss

When we get close to these abysses, as when confronted with a challenging, potentially risky situation, our core defensive mechanisms (in IFS, the managers and fire-fighters) can trigger our ANS, since it is the best way they have of convincing us we could die if we go any further. The problem is, the body sensations triggered by our protective parts in risky situations are exactly the same whether it be risking a fall while rock climbing, risking a fall within an intimate relationship, speaking an unpopular opinion, asking someone new on a date, smiling at a stranger on the street or investigating a troubling sensation or emotion in our bodies. Our nervous systems are designed in such a way that our protective parts use it (benevolently) to trick us into feeling life and death sensations even when there is absolutely no risk of dying. Our protective parts and their connections to our bodies coupled with the story line we are hearing from them can make things so cloudy that it is hard to tell the difference between what is actual and what is just a parts projection of perceived risk.

There are many parts in most of us that constrain us from taking risks in relationships, taking risks professionally, risking being ourselves or risking a journey into the abyss. Most of my life, although I have risked my life many times while climbing in many places around the world, I have avoided risking being wrong, risking being shamed for not being smart enough, attractive enough or competent enough. The list goes on and on, all so very peculiar for a guy who is willing to climb un-roped for hundreds of feet, but not able to traverse the intricate ledges and precipices of an intimate relationship without fearing a fall into my "little abyss of death." This "little abyss of death" for me has always been about the fear that comes from not actualizing my self or the terror of non-being, not daring enough to be myself. The fear might be speaking my authentic experience to someone a part of me perceives as more powerful than me as the potential exists that they may be judging or angry with me or hurt by my words. If they are angry or hurt then they may reject or abandon me. If they reject or abandon me then the possibility exists that I am thrown into my terrifying abyss of loneliness, or shame or emptiness. This reminds me of a quote that I used to read to my Outward Bound students I believe to be apropos here:

You risked your life, but what else have you risked? Have you ever risked disapproval? Have you ever risked a belief? I see nothing particularly courageous in risking one's life. So you lose it, you go to your hero's heaven and everything is milk and honey 'til the end of time, right? You get your reward and suffer no earthly consequences. That's not courage. Real courage is risking something that you have to keep on living with, real courage is risking something that might force you to rethink your thoughts and suffer change and stretch consciousness. Real courage is risking one's clichés.

–Tom Robbins

I know that the same exact body experience I get when frightened while climbing happens when I get scared in relationships. When I am able, with awareness, to tune into the story the same fluttery, out-of-balance feeling in my stomach and tightness in my chest, or lump in my throat says, "Don't go there", "You will die", "You will

cease to exist." Many of my protective parts were and continue to be there attempting to keep me safe, attempting to keep me from taking that step into the abysses they fear, or just walking to the edge of the abyss to have a look. When I allow the fear and anxiety stories and sensations of these protective parts to control my life, then I am not even getting close to my edge, and not living life fully. Yet if I can focus inside and work to gain an awareness of what these fears are, spend time hearing what their fears might have to tell me and reassure them from a more conscious aware place, then the risk is somewhat easier to accept. Although difficult but not impossible on our own, if we have a trusted partner or guide on our journeys into the abyss who can offer hope, light and love than our descent into the dark scary place is made just a little easier.

Transcendence and the Abyss

Some years ago as an Outward Bound instructor, sitting on the ground in the desert, in Joshua Tree National Park in California, I was helping a group to prepare for one of the big challenges of the course, which was to hike up one side of a steep desert rock formation in the dark, sleep the night, then rappel down the other side, a 150' vertical rock face, the next morning. One of the participants on this professional development program, an upper level executive and a well-known songwriter musician from the 60's, was so overwhelmed by his fear of sleeping in a high place and rappelling that he refused to cooperate or even entertain the possibility of joining in on the activity. As it turned out, he'd had a recurring nightmare of falling every night of his life for as long as he could remember. It had so profoundly impacted his life that he would literally "freeze" when driving over a bridge or riding the executive elevator with windows on the outside of his company's building. He had been to therapy for years to try to fix the problem, which he stated eventually led to the demise of his marriage. I thought to myself, "did you know you were signing up for the "climbing" Outward Bound course?"

Through much processing and support from the group he was eventually able to reluctantly agree to hike to the top of the mountain but because he was so afraid of getting too close to the edge of the cliff, which was 60 feet away, he had to sleep (a sleepless night) in a small, cramped, claustrophobic, crevice wedged between two rocks and a large Yucca plant. The next morning, although I had my doubts, after much emotional support from me and from the group who helped him by hearing from all his fears, he agreed to walk to the edge of his biggest abyss. But walking is not really what happened. He struggled to the edge with the most rigid tense body I think I had ever seen. He literally had to override his body, as it would not freely cooperate. The group was one large collective of compassion and love as they witnessed this overwhelming display of courage and spoke words of loving encouragement and support, giving him what was not possible for him to give himself in this terrifying but pivotal moment. Vibrating, he eventually arrived at the edge with fear dripping from every pore. Once in his harness and clipped into the rope with no chance to fall, facing the group, he backed the few remaining feet to the biggest fear in his life. What happened next stands out in my mind as one of the biggest displays of courage I have ever witnessed. With the hopeful wide-eyed faces of his group and me watching, he "let go." Although still trembling, he lowered himself backwards over the edge of the cliff into his biggest fear. He was walking his feet backwards, toes pointed up with his body in the shape of an L, dangling 150 feet above the ground.

Within a few split seconds, his experience went from fear to terror to what appeared to be bliss and elation written all over his face. As he moved down the rope towards the ground pushing and bounding away from the rock, he erupted spontaneously into hoots and hollers and exclamations of glee and excitement. His group, at first shocked at what they witnessed, erupted into simultaneous shouts of joy and tears of compassion and love. Not one person had a dry eye. Once on the ground his own tears began to flow and didn't stop for some time as the grief of many years was finally fully experienced. He had walked to the edge with terror and descended into the abyss with ecstatic joy.

Andrew had purposefully taken the climbing course with full knowledge of what he was getting into. He had wanted to descend into his biggest physical fear in life as a way to transcend. He was a person that lived life close to his edges but this was one that had daunted him much of his life and even though his protective parts had almost completely taken over his body, he was able to, with our help, calm them just enough, push through their fears and come out the other side having done something with great courage.

Although very close, if not dipping into ANS freeze, Andrew moved through fear and into terror, and back out again fully conscious of what was happening in his body, fully conscious of the consequences. The courage that manifested itself at the moment he chose to take the OB course, the moment he chose to hike up the mountain, and the moment he backed over that edge into that abyss was not about bravado or deficit, he had nothing to prove to

anyone, it was about a conscious choice to live life more fully with less fear. If Andrew, supported by the love of the group, had not spent time listening to and reassuring his fears, and the group had not encouraged him to stay with his fear and yet not be controlled by it, he might still be riding the service elevator, planning his day around avoiding bridges and other high places, and not living his life more fully.

The following day, Lynn, my co-instructor from the course could not find Andrew where she had left him the night before in his solo campsite. After searching for a few moments around the area she had left him the night before, she eventually heard giggling and looked up to find Andrew all smiles, very full of himself, sitting with his feet dangling over the side of a fifteen foot high boulder he had climbed just prior to her arrival. Some time, after this expedition had begun to fade from my memory, I received a letter in the mail. Andrew had sent me a short note with two poems he had written about his experience. His fear of high places had essentially been eliminated and many other emotional and relational areas of his life had also been impacted in very positive ways. He had also begun song writing again, which he had not done for many years.

Andrew had allowed himself, with the help of gravity, to be pulled down into one of his deepest darkest abysses only to find himself sitting happily, feet dangling and smiling into what use to be his living nightmare, having ascended to greater heights than he had imagined. Another example of this phenomenon can be found during white-water season on many rivers in the Northwest. In the springtime when the rivers in the Pacific Northwest are at their highest and most dangerous, many of our adventure community's white-water physical risk takers come out. When kayakers or rafters can't contain the momentum of their boats and are tossed into the torrent, at times they can be taken to the bottom of the river by what are called keeper currents. Keeper currents are the currents in the river that cycle on the vertical plane. They move from the top of the river to the bottom of the river in a constant rotation. The first intuitive response when pulled into this type of current is to fight against it and attempt to swim to the surface, which is exactly opposite of the movement one should make to stay alive. These currents kill many rafters and kayakers each year. What is counter to their protective parts instincts would actually keep them alive here. If instead of struggling to the surface, they were actually able to "let go" and allow themselves to be taken into the abyss it is far more likely that they would survive the encounter with this current as they would be taken to the bottom and within a second or two end up back on the surface.

Like kayakers or rafters caught in keeper currents struggling to get to the surface, there are parts of us that tell us to move away from the abyss, that signal our bodies that there is danger. We attempt to control or transcend the pain, discomfort, or difficulty by ascending, moving away from, to the right or left of. The list of activities, spiritual practices, or substances that can be used as attempts at transcendence are limitless. Andrew had tried to control or transcend his fear through avoidance; for my client Ann it was through attempting to control her partner's withdrawal; for me it was managing and attempting to transcend pain through pleasing and caretaking behaviors in relationships and during my adventuring years, albeit short lived, one very successful way was through seeking blissful states of mind manifested while rock climbing.

As it can for many spiritual practices, this process of moving away from can feel at times like a spiritual awakening or transcendence as it did for me on that ledge in Yosemite and many other times while climbing. This process, sometimes referred to as spiritual bypass (Welwood 2003), is actually the opposite of where salvation or the potential for healing or transcendence exists. Although it can feel like transcendence and the pain does go away for a time, it eventually comes back. The pain of my exiled parts that were contained in my abysses and accompanied me on all my climbs during that time of my life felt like a weight that I could not let go of no matter how high or hard I climbed. Because unlike Andrew, I had mastered my fear of high places, climbing became a Zen-like, flowing, blissful spiritual practice that felt transcendent at times. Once back down on the earth though, the broken-hearted exile that was stored away in its dungeon would eventually resurface as a result of some internal interaction of parts or external interaction with another person. Real transcendence exists at the bottom of the river, or the cave at the base of the mountain, or in those dark abysses we spend much of our time moving away from. Pema Chodron stated, "in the process of discovering bodhicchitta (awakened heart), this journey goes down not up. It's as if the mountain pointed toward the center of the earth instead of reaching into the sky. Instead of transcending the suffering of all creatures, we move toward the turbulence and doubt." She further states, "At the bottom we discover water, the healing water of bodhicchitta. Right down there in the thick of things, we discover the love that will not die." So to fully rise above, and reach even greater heights we must, with awareness like my client Ann and student Andrew, go below.

The Passion and Joy of Life on the Edge

Looking back at the time that I did all the climbing and adventuring in my twenties, I now realize it is more complex than I originally thought. There were many parts flowing like ghosts in and out of the driver's seat of my consciousness. Although there were times when certain compulsive, fire-fighting parts took over and made me take more risks while climbing than usual, there were always other parts of me there watching, reminding me to breathe, to stay acutely aware and focused, to be careful to make the right, smooth, fluid movements, to do things technically right, and to stay connected to the rock and not take any unnecessary risks. To me in this mind-set, living my life in this way, physical risk-taking was a way of life. It was a mind-set that was hard for others who knew me during that time to fully comprehend. It all felt like life-blood. While climbing, even when it was extreme and a hair-breadth away from annihilation, I wasn't thinking that I wanted to die even when my firefighters were running the show. It was rather just the opposite, as I wanted to live life as fully as possible. There were no suicidal parts running the show that day on that ledge in Yosemite Valley. There was a passion that emanated from deep within my soul when living life this close to the edge. I needed the physical-risk taking life that extreme rock climbing provided and the degree of focused attention that it required to stay close to the edge. The flow state I would experience high up on a cliff or mountain somewhere helped me to feel vibrant and alive. The concentrated, focused, acutely aware flow state I experienced while climbing is described by Mihaly Csikszentmihalyi in his book, *Flow: The Psychology of Optimal Experience* in the following way: "Flow helps to integrate the self because in that state of deep concentration consciousness is unusually well ordered. Thoughts, intentions, feelings and all the senses are focused on the same goal. Experience is in harmony. And when the flow episode is over, one feels more "together" than before, not only internally, but also with respect to other people and the world in general." At the time, sedate modern life did not afford me the challenges I felt I needed to experience what I was after.

Risk Taking and the Enhancement of Self

Peter Levine writes about the human body's innate ability to heal and handle trauma. He states that built into our bodies is something that has been there since the beginning; a primitive, reptilian ability to "respond powerfully and fully whenever our survival is threatened." He further states that, "whenever we exercise this natural capacity, we feel exhilarated and alive, powerful, expanded, full of energy and ready to take on any challenge. Being threatened engages our deepest resources and allows us to experience our fullest potential as human beings. In turn, our emotional and physical well-being is enhanced." On one level, when operating from a place of emotional pain, climbing represented a potential for transcendence of the pain through operating as close to the abyss as I could possibly get without falling in or falling off, but what it did for me was keep me feeling alive and exhilarated. The edge between living my life with passion and self destruction was like a razor's edge. Freud in referring to the evolution of our species wrote in *Civilization and Its Discontents*, "It must present the struggle between Eros and Death, between the instinct of life and the instinct of destruction, as it works itself out in the human species. This struggle is what all life essentially consists of." I was walking or climbing about as close as one could get to that razor's edge between life and death. Even though climbing didn't heal my burdens, it did, as Peter Levine suggests, keep my emotional and physical well being enhanced.

In our modern, technologically advanced society, we are virtually eliminating challenge and the experiences that potentially enhance our physical and emotional beings. With the click of a computer mouse we can have books, stereos, groceries, and almost anything under the sun delivered to our doors without risking anything; a far cry from primordial human who had to risk life and limb to feed his or her family each day. In the process of making life more comfortable and convenient, we have begun to disconnect from our body's built-in capacity to fully engage in life and feel alive. Peter Levine again, in referring to our innate ability to respond to challenge and threat: "Today our survival depends increasingly on developing our ability to think rather than being able to respond. Consequently, most of us have become separated from our natural, instinctual selves-in particular, the part of us that can proudly, not disparagingly be called animal." He further states, "it is no coincidence that people who are more in touch with their natural selves tend to fare better when it comes to trauma." In other words, to more fully engage in life's potentially traumatizing challenges, our bodies and minds need risk and challenge in order to stay vibrant and healthy.

Yet our society has cushioned us from opportunities to experience risk, so we are drawn to create extreme experiences that will evoke that response in us. Our culture heavily weights the mind over instinct or intuition. We have disconnected from our intuitive bodies, don't listen to what it has to tell us and consequently, set ourselves up for potentially more pain. We listen more

attentively to the fear stories told by the protective parts of ourselves and do what they tell us to do or not do. They tell us to not be ourselves, to avoid loneliness, rejection, and pain at all cost. They fear the parts of us that will be triggered if we fail. Many of us allow the protective parts of ourselves to reason, think, and rationalize their way through our lives yet I think on one level, there is a subtle awareness in our collective cultural consciousness of what we need as evidenced by current vacation trends. In the past fifteen years, the adventure travel industry has exploded. You now see high-risk adventure sports and retreats advertised almost everywhere. Bungee jumping, rock climbing, white water kayaking or sea kayaking, river rafting, are all activities contrived, commodified and sold to those of us in need of a challenge and looking for "peak experiences" to enhance our beings.

The Leap of Faith

There were times while climbing when I had no idea whether or not I would be able to hold on long enough, whether my stamina would sustain me, or if the moves would be too hard for me. I would gaze up the rock as it faded away into that deep blue sky, knowing I had to commit to making a move or risk a fall and not knowing what lay ahead, wondering if this would be the place for the final "big fall." This exact edge, this place of uncertainty, is the precise place that we all encounter every time we take a risk, no matter what the risk is. It is also the precise place from which the potential for vibrancy, vitality, and joy can emanate. This is the time and place where our internal systems fully engaged can help us to truly feel enhanced, alive, human, and where we can be truly tested.

However, risking the "big fall" and "letting go" takes a great leap of faith especially as it relates to the fear of grief, sadness, rejection, abandonment or aloneness, as was evidenced by Ann's immense fear of being cast back out into the desert of her loneliness. At these times what is called for is a leap of faith by our clients and

their parts, where risking a fall into the abyss won't ultimately result in a long, slow, lonely death. We reassure them that we can keep them safe. But is it so? Can we always assure them that when they take that leap, or step down into the abyss, that they will be ok? Can I know that if I take the risk to move forward up the rock or down into my "little abyss" of despair or loneliness that I won't fall, or that if I do fall that my trusted partner or guide is paying attention and will catch me and that I won't die, and would it truly be a risk if there was a guarantee? Risking a fall into the abyss by walking to the edge, or like my Outward Bound student Andrew, backing into the abyss, requires a choice made by the Self of the individual. Sam Keen wrote, "There is no way to enjoy the comfort of faith or ecstasy of love without making a wholehearted, existential commitment of the self. Faith, love, and flying all depend on a relationship that can be created only by an act of trust that involves taking the risk of falling into the void. Before the fact, all risks are folly." Like Andrew and Ann, the wisdom of the risk did not present itself until they backed over that edge into that abyss and safely returned to earth.

I am not suggesting that we all need to engage in life threatening death defying feats in order to stay vibrant and alive. What I am suggesting though, is that in order for us to live life more fully, and not be as acutely impacted or as susceptible to trauma by life's challenges, perhaps we need to stay connected to the experiences and people that challenge us to feel more fully human. In referring to Abraham Maslow's work, Earnest Becker (1973) stated, "Maslow talks very convincingly about "self actualization" and the ecstasy of "peak experiences" wherein the person comes to see the world in all its awe and splendor and senses his own free inner expansion and the miracle of his being."

What challenges us is different for everyone. For me at that time it was as big as sleeping on a small ledge a few thousand feet up and as small as stating my opinion in a group. For you it might be driving a car, walking down the street, dancing, talking in a group, sharing yourself with another, feeling and expressing grief, sadness, anger, or smiling at someone you don't know. Perhaps all that matters is that with a trusted guide or on your own you seek, learn, know your many edges (physical, relational, spiritual, professional), trust that the arousal cycle will end in a peaceful experience and risk a fall into the abyss that might present itself at that edge. As in the mountains, there are experienced trustworthy guides who can accompany those of us who, all along the continuum of risky endeavors, are stuck in our arousal cycles and are frozen at the edge of our greatest fears.

Risk Taking and the Internal Family System

As a forty-year-old man writing these words, I feel so thankful for what I have learned over the past 20 years of my life. I know now what that sensation in the pit of my stomach is about and although I didn't heal that sensation and the wounds connected to it from climbing, that form of risk taking and spiritual practice had its place in my life. Through my own journeying into my abysses, although there are many more, I have reconnected with

some of the lonely, shamed, scared little kids in me who for years were still wandering the desolate deserted streets of my psyche looking for answers, sometimes being nurtured by my reactive, compulsive fire-fighter parts attempts at extreme climbing.

Gazing with narrowed eyes past my computer just now I see the muted images of faces of thousands upon thousands of little kids from my generation, neglected and abused just like me, still wandering the streets or deserts of their adult psyches looking for love and transcendence in whatever activity or substance they can find. Some of them I know, my good friends, still climbing with the same intensity we had in the 1980's. And some of them, climbers I have met in different climbing areas, that were found at the base of a climb only somewhat recognizable, all most likely attempting to transcend their own abysses. These were the ones who, perhaps unable to journey into their abysses or unable to find that delicate line between seeking blissful climbing states and just living life fully on the edges of the abyss, were taken over by the extremes and risked just a little too much in their search for healing, transcendence, love. It fills me with compassion and understanding for all those little kids who have walked into my office looking and sounding like adults, using and needing whatever substance or activity that has come to them to keep those little kids inside of them from overwhelming them with their pain.

As it relates to purpose or motivation, the interplay between Self and parts is so organic and so fluid, like a tide constantly ebbing and flowing, taking many shapes and forms, that it takes an acutely-tuned self awareness to notice the sometimes imperceptible shifts between parts and between parts and Self. There is a fine, often ambiguous line in the interplay between Self, managers, exiles, and firefighters. Our parts are like amorphous ghosts who come and go, sometimes quickly with lightning speed, and sometimes slowly in and out of our consciousness control room, pushing and turning all the different dials and buttons of our different physiological, neurological, cognitive, and emotional systems. What is called for is a fine-tuned nose, eye, ear, and felt sense for the subtle shifts and differences in motivation for the activity or use of substance. To see the interplay and notice the separation in ourselves or in others, I believe we must spend time getting to know our own motivations, when our fire fighting parts do what they do and why. To make this possible, perhaps with a conscious awareness we also need to push the edges and take some risks to learn about our fearful parts, the stories they have about fear, how they impact our bodies and the reactive fire fighters connected to this system of parts. Most importantly, no matter how extreme the activity or behavior is in us, we must always remember that there is at least some Self present, whether it lurks just out of sight, underneath a few layers of character armor, or is buried deep, barely perceptible to the naked eye.

Although it was the protective or parental parts of me that found and pushed me into climbing and the little kid parts that felt momentarily powerful and complete as a result, it was the extreme risk-taking parts that were content and pleased when they were able to use risk-taking to transcend the flames of shame or powerlessness. But one thing was for certain: "I" (Self) was always present. Standing at the edge of Dolt Tower on El Capitan in Yosemite Valley, I know "I" (Self) was there, feeling the sun on my face, fully present in the moment, imaging flying, transcending time and space and form. "I" was there with wisdom, fully aware of the all the dangers, me, my authentic Self, my true Self. Although parts of me would sometimes take over and run the show in an attempt to transcend pain, my Self was always in the background humming and whistling while climbing, watching, waiting, comforting, patiently taking opportunities to gently remind me to breathe, to feel peaceful in my body, to feel the sun on my face, to remind me of how alive I really was, to rejoice and relish in the exquisite, delicious flow state I would experience while climbing.

Love and Adventure

What was at work in the opening scene of this story is a very complex interplay between many systems, parts and Self. I needed the adventurous life and still do. Although I still love climbing, mountaineering and more recently sailing and other forms of risk taking, the adventurous life now is just a little different. With the birth of my son, the edges now are less about risking my life on some extreme climb high on a rock wall somewhere. They are more about professional risk taking, personal relationship risks, like risking speaking my authentic true voice in the face of adversity or risking feeling things in my body that had been previously buried within me, or allowing myself to surrender within an intimate relationship. The flow state I experienced while climbing helps me access my true or authentic Self today. Climbing taught me the importance of daily spiritual practice in accessing the degree of mindful awareness needed for unconditional presence with my self and others.

At the time, before I had done much of my emotional, spiritual, and psychological explorations, I needed the extreme sensations of risk-taking to quell the intensity of

that empty feeling in my body that would surface at stressful times in my life. Above all else, what I was in need of during the times when my pain would surface was love. We need to befriend the emptiness deep inside instead of running from it so that we may reclaim our deepest longing for love (Gerald May). My Self enjoyed and loved climbing and still does, and also loved the parts of me that loved climbing, like a loving, conscious, aware parent who gains satisfaction from watching their child's joy and vibrancy emerge spontaneously. Chris Hedges, in his book, *War is a Force that Gives us Meaning* (2002) stated it this way, "Love alone can fight the impulses that lure us toward self-destruction and allows us to cherish life." I always knew that I was searching for something. Searching for answers. Searching for the source, the earth mother I never had. Searching for her love to keep me safe. But what I didn't know, before I had traveled into my own abysses and befriended my emptiness and loneliness, was that I carried that love in my body and in my soul, built in and anchored to my consciousness ready to keep me safe like the climbing rope tied to my harness. Although often covered up within me, by my warrior like protective parts, the love, God, Rigpa or authentic self that I felt briefly connected to while on that ledge that September morning in Yosemite Valley was omni-present in every step, every hitch hiking adventure, every commercial fishing boat, every road trip, every mountain, and every move on the miles and miles of rock face I have climbed; even when 1000 feet up roped in, even 600 feet up un-roped, was there. She/He reminded me to breathe, to feel the sun, to experience life in whatever form my parts would pull or push me into, patiently doing his/her best to keep me alive and safe, allowing me to live and to truly be me.

Sometime later in my treatment of Ann, the little girl experienced from Ann what she had always wanted to experience from her partner and other people. She looked into the eyes of the little girl and the little girl looked into her eyes, and they resonated in that intimate place like a parent and child or two lovers gazing into each other's eyes with complete adoration and genuine acceptance. Ann later described the experience as the same experience she'd had with a lover in her early twenties. She had also found her earth mother, and it was inside of her. After several more adventures into her abysses, Ann eventually found the courage to stop the pursuit of her partner. The resultant shifts in her internal system and concurrent behavioral shifts led to far reaching positive changes in multiple areas of her life.

I also eventually discovered through help from trusted partners on my internal and external adventures, reading, journaling, mentoring, experiential therapies including IFS and my spiritual practices that all I need do to find the love that heals, like my client Ann, is to move into my abysses and find the source that abides deep down there. But finding the wounded vulnerable parts of my self and re-connecting with them still doesn't take away the need I have for adventure. I don't think any degree of witnessing or re-connecting with these parts of my self will ever take this away. I will always be a climber, a sailor, an adventurer, a seeker, a spiritual practitioner of fear, an investigator of the fine line between perceived and actual risk, between life and self destruction, and an explorer of the abyss. Perhaps we all need adventure and risk-taking so that we may live life more fully, that we may continue to grow, that we may reach our greatest potential as human beings, and be prepared with less fear to seek the hidden treasures of love that exist deep down in all the abysses we fear.

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Soul in Kabbalah and the Higher Self in Internal Family Systems: A Comparison

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Abstract

Kabbalah, the ancient Jewish mystical wisdom, and its concept of the Soul are correlated to Internal Family Systems and the notion of the higher Self. This paper courses through the history of Kabbalah and Hasidism to the elements of free will and the paradox of healing to show the correspondence between the essential tenet of IFS and the Kabbalistic view of the Soul. Both in its contextual interpretation and its spiritual dimension, the IFS model can be likened to the Kabbalistic theosophy of the Soul which proffers that we are all sparks of the divine flame imbued with responsibility to expand awareness of one's Self and of the world around us.

Introduction

"Fear is a part wanting to be understood and welcomed into your life", I said to my client, a Hasidic Rabbi sitting across from me, dressed in the traditional black and white of his ancestors, white beard neatly folded under concealing the fact that it had not been trimmed for many years. His response to my comment came swiftly but thoughtfully: "Yes, that was written about by Rebbe Nachman of Breslov in the 18th century".

At this point, it was as if my client had opened a door for me, revealing an association between a new therapeutic treatment model and an ancient theosophy: the correlation between the heart of Internal Family Systems (IFS), a doctrine I had long embraced and employed daily in my work with clients, and a whole 'new' world of ancient Jewish mystical wisdom called Kabbalah. Thus, in spring of 2003, with the help, dedication, and wisdom of my Rabbi client as mentor, I began a journey that took me to an exploration of the essence and nature of Kabbalah.

In this work I attempt to examine the Kabbalistic view of the Soul and how it correlates to IFS' concept of the higher Self: a higher power that is a unique and universal expression within each of us. Richard Schwartz describes the Self, the centerpiece of the IFS model, both as an active, compassionate inner leader and as an expansive state of mind experiencing no boundaries. Thus the "Self is both an individual and a state of consciousness, in the same way that quantum physics has demonstrated that light is both a particle and a wave…likewise, the Self can at one time be in its expansive, wavelike state when a person is meditating and then shift to being an individual with boundaries (a particle)…It is the same Self but in different states" (Schwartz, 1995).

I have written this paper with the hope that those who read it will be as curious as I have been about the connection between the present day evolving and organic concept of the Self as a pivotal component in IFS and the Kabbalah's view of the Soul as the entity that leads the seeker to a connection with the Divine. For me this journey into the ancient wisdom of Kabbalah led to an inner place of glorious peace and self-awareness. If this work provides clarity in defining and/or sustaining the reader's personal relationship with the Divine, then that will be the reader's gift as it was a gift to me.

An exploration of Jewish mysticism, the ancient mystical wisdom that explains the timeless laws of how spiritual energy moves through the cosmos, must begin with an understanding of Hasidism, its most fervent following.

Hasidism

Hasidism, the movement of Jewish revival that swept through Eastern Europe in the mid 18th century, took the esoteric, mystical concepts of the Kabbalah, applied them to everyday life, thus rendering them emotionally and psychologically accessible. Hasidism affirmed Kabbalah's deeply optimistic view that however broken and fragmented things may seem, all of life is in fact evolving toward a state of wholeness and that we have an active role and responsibility in furthering this evolutionary healing process. As Estelle Frankel says in her book *Sacred Therapy*: "Each of us, taught the Hasidic

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Masters, has the power to become a holy fixer and healer. This sacred work of the soul is to be accomplished in two ways: through acts of lovingkindness and through healing our own individual souls. These two expressions of healing are deeply related, for it is not possible to perfect one's own soul without also becoming committed to the work of healing the planet, and since every individual is a microcosm of the world, every act of healing the soul is of great, if not cosmic, significance" (Frankel, 2003).

The emergence of Hasidism as an interpretive expression of Kabbalah goes back to a man by the name of Israel Ben Eliezer or the Ba'al Shem Tov (the bearer of the good name) 1699-1760, the charismatic founder and first leader of Hasidism in Eastern Europe. Through oral traditions handed down by his pupils as well as through the legendary tales about his life and behavior, he became Hasidism's first teacher and its exemplary sage. He was adept in both herbal medicines and shamanistic healing techniques. Stories abound of his clairvoyant and healing powers, including his ability to heal souls through story telling, prayer, and the mystical power of love. He brought about a spiritual revolution among the masses of downtrodden Eastern European Jews by emphasizing the importance of love, joy, simple faith and mystical devotion in serving the Divine. His teachings were filled with ecstatic expressions of song, dance and wonderful allegorical tales. The Besht, as he came to be known, brought into the world a new spirit, and that spirit attracted, through word of mouth alone, a major part of the Jewish population within twenty years. His contribution was that he opened new sources of creativity and gave rise to a new people. His teaching was the beginning of a long series of events, a long series of moments of inspiration. In the words of the great Jewish theologian and philosopher Dr. Abraham Joshua Heschel, "there has been no one like him during the last thousand years" (Heschel, 1996).

History of Kabbalah

'Kabbalah' is the traditional and most commonly used term for the esoteric teachings of Judaism and for Jewish mysticism, especially the forms it assumed in the Middle Ages from the 12th century onward. The oldest and most mysterious Kabbalah text is Sefer Yetzirah, The Book of Creation. Attributed to the Patriarch Abraham and dating to the 18th century BCE, this 1300 word treatise influenced most of the world's great religions. Sefer Yetzirah is cited both in the Book of Mormon and in the Koran as the Book of Abraham (Kaplan, 1997).

The Hebrew word Kabbalah means "receiving" or "that which has been received." On the one hand, Kabbalah refers to tradition, to ancient wisdom received and treasured from the past. On the other hand, if one is truly receptive, wisdom can appear spontaneously, in an unprecedented way, taking a person by surprise. The Jewish mystical tradition combines both of these elements. Its vocabulary teems with new-ancient words. Many of its formulations derive from traditional sources--the bible and rabbinic literature--but often incorporate an acknowledgement of the present and future. For example "the world that is coming," a traditional phrase often understood as a distant future messianic era, turns into "the world that is constantly coming," constantly flowing, a timeless dimension of reality here and now (Matt, 1995).

Although Kabbalah emerged within Judaism and has deeply affected Jewish thought and religious observance, its influence extends far beyond these constraints. The Italian Renaissance humanist Pico Della Mirandola immersed himself in Latin translations of Kabbalah, believing it to be the original divine revelation. Kabbalah, he said, would enable Europeans to comprehend Pythagoras, Plato and the secrets of the Catholic faith. His writings drew heavily on the Kabbalah and laid the foundation for Christian Kabbalistic literature. In the 17th century, Knorr von Rosenroth assembled translations of many important texts in *Kabbalah Unveiled*. Sir Isaac Newton, the man most responsible for the scientific revolution and the Age of Enlightenment, was also a serious student of Kabbalah. UCLA professor Brian Copenhaver in his article "Jewish Theologies of Space in the Scientific Revolution" says that one need not make a Kabbalist of Newton in order to believe that kabbalistic theologies of space were significant items in the mental furniture of his age (Berg, 2001). In the 20th century, elements of Kabbalah were found in the fiction and poetry of Franz Kafka and Jorge Luis Borges, in the thought of Walter Benjamin, and in Jacques Derida's *Deconstruction* (Matt, 1995).

Kabbalah: The Four Worlds and the Levels of the Soul

Kabbalists developed a complex set of ideas concerning the structure of reality, its relationship to consciousness and the life of the soul. This multidimensional theory describing reality has come to be called the doctrine of "The Four Worlds," in the sense of different realms. These are not distinct physical worlds, but rather, interdependent realities that exist simultaneously. Some Kabbalists describe the worlds as concentric, each housed within another. In ascending order of spirituality, these

realms are known as Action, Formation, Creation, and Emanation (Feldman, 1999).

The world in which we live, with all that it embraces, is the 'world of action'. The lower part of 'the world of action' is known as the 'world of physical nature', where natural law prevails. Above this world of physical nature, still part of the 'world of action' is the world of 'spiritual action'. Man is the common element in these two domains of action. As a part of the physical system of the universe, man is subordinate to the physical, chemical, and biological laws of nature. Every aspect of human existence is therefore comprised of both matter and spirit. In this world, the spiritual is subordinate to the material, in keeping with the fact that the laws of nature determine the form of all things and serve as focal points for all processes. The world of action, however, is only one world in a general system of four fundamental dimensions of being, each with its own cosmos of varying essences (Steinsaltz, 1980). The Four Worlds of Action, Formation, Creation, and Emanation can be seen as corresponding loosely to physical, emotional, intellectual, and spiritual dimensions of our being (Frankel, 2003).

The Four Worlds also express the progression of divine unfolding from infinite being to finite reality. They depict creation as a downward chain of spiritual domains, from the most exalted, hidden realm to the physical plane in which we live. However, since all creation is continually being brought into existence anew, the Four Worlds are simultaneously existing aspects of reality, operating holographically, as each contains within it all the other levels of reality. So too each of the Four Worlds, like the four basic elements – earth, air, fire, and water - exist within each aspect of creation in different degrees (Dosick, 1997).

The Kabbalah delineated not four but five distinct soul types: five dimensions of awareness based on the Four Worlds. This notion appears in the writings of the famous 18th century Italian Kabbalist Rabbi Moshe Chaim Lussato, who identified souls according to the world in which they are most rooted. The soul is that which leads us on our inner journey to the Divine, for our soul corresponds to these Four Worlds of existence.

The human soul, at any of its levels, is a manifestation in varying degrees of the Divine force. Though the Soul of man shares this commonality of the Divine, all souls are unique. No two souls coincide in their actions, their functions and their paths. No one soul can take the place of another, and even the greatest of the great cannot fill the special role, the particular place, of another that may be the smallest of the small. From this notion, one derives a profound respect for human life (Steinsaltz, 1980).

The Soul and Creation

The soul in Jewish mysticism is one of the more essential aspects of creation itself. Just as the physical universe could not exist without energy, the spiritual dimension is based upon 'soul matter.' The Kabbalistic viewpoint is that we could not have a universe without the spiritual realm, and thus one could say that one of the key pillars upon which creation rests is the soul.

Kabbalah describes the soul as a kind of spiritual magnetic field, not unlike the premise in Western science that the physical universe is held together by electromagnetic forces. It is hypothesized that the same gravity that keeps the solar system operating also binds the protons, neutrons, and electrons of atoms. Physicists continue to search for a universal formula by which to describe electromagnetic theory. Similarly, spiritualists wrestling with esoteric metaphysics attempt to define the integrating force of matter. The mysteries of electromagnetic forces are to science what the soul and its inherent divinity are to Western theology. We cannot taste, smell, see, hear or touch the soul, but everything we sense, and even our senses themselves are functional only because of the soul (Cooper, 1997).

In the language of metaphysics, the principal action of the soul, its paramount importance lies precisely in the world of living creatures and in its contact with matter. Through complex relationships between the soul and the world of material substance, the soul is able to achieve far higher levels than it can in its abstract state of separate essence. At its most primary level, the soul animates existence in terms of life force, movement, and propagation of the species. On a higher level, the soul acts as the source from which man thinks, imagines, dreams, and contemplates. In Kabbalistic spiritual thought the divine spark that is the soul thus vitalizes the human body with the essence of the life of all living creatures, though in a manner far more complex and potent than in other forms of life. In spite of the added complexity of mind and emotion, this level of the soul is called the "animal soul" in the sense that it is parallel to the souls of other living creatures and it functions, thinks and is aware of itself as being concentrated in the vessel of the body. At a higher level, above the primal soul, there exists, in every human being, a divine soul. This connection of the divine soul exists hidden and veiled as a spark of higher perception and superior aspiration (Steinsaltz, 2003). The language of the soul lives at the edges of thought; it is symbolic,

metaphoric, and poetic, always hidden and elusive. The intangibility of the soul is irrelevant since another part of us is touched and this is sufficient (Cooper, 1997).

In a recent article Richard Schwartz elucidates the concept of Soul: "All the esoteric traditions within the major religions - Buddhism, Hinduism, Christianity, Judaism, Islam - emphasize the same core belief: we are sparks of the eternal flame, manifestations of the absolute ground of being" (Schwartz, 2004).

Emergence of Self from the Concept of Soul

Just as the soul in Kabbalistic interpretation gives life to the body, so too does the body imbue the soul with physicality. In this manner, the soul has access to all the body's physical capabilities, channels of perception and connections with both material and immaterial worlds. The contact and mutual attraction between the body and soul creates a contingency, a unique situation, generating the human Self, which represents a merging of body and soul. Self is an orchestration of our awareness, an integration of consciousness holding everything together, making us whole and able to be called by a single name − our name. Self integrates and unifies our physical body, our thoughts and our actions. The essence of spirituality is a return to the Self, a re-direction of vision of the one who asks the question, a discovery that what is sought is, and has always been, right here all along. To become aware that we are part of the Self of the universe gives our lives ultimate meaning and purpose (Steinsaltz, 1980).

This concept is closely associated with the belief in IFS that the essence of the person is peace and joy, and from that place, an individual exudes amazing healing qualities and a sense of spiritual connectedness to a higher Self. The Self is that inner leader present in every human being just waiting to come forth to elucidate the way with its compassionate wisdom. It is that quiet core of clarity and connectedness allowing for the oneness with the universe and harmonious in relationships both outside and within.

Ten Emanations or Sefirot

In Kabbalistic thought as we traverse the Four Worlds and the five levels of the soul on our journey to reach the Divine, the Divine is working to bridge the gap between the infinite and the finite by reaching to us. The mystics teach us that between the infinite and the finite are ten emanations or steps that are called Sefirot. The word Sefirot may simply come from the Hebrew word meaning 'numbers', because we count the number of steps to the Divine, but it may also come from the Hebrew word meaning 'sapphire' because the mystics visualized the Divine's radiant light as the illuminated brightness of a precious gem (Kushner, 1991).

The importance of learning to balance polarities in the pursuit of wholeness is reflected in the Kabbalah's doctrine of the ten Sefirot, the Divine attributes with which divinity continually creates and interacts with creation. The ten Sefirot can be understood as a ladder of ascent by which humankind can increasingly identify with the creator. By learning to emulate the Sefirot, we come to embody the divine attributes of wholeness. The Sefirot are arranged as paired energies − one primarily feminine and the other primarily masculine − that stand in balanced relationship with one another, with a middle integrating point (Dosick, 1997). In IFS we deal with opposing, polarized forces by bringing them together through the trusted "Self" of a third party, with the intention of generating understanding and the eventual resolution of long standing discordance. This is only achieved if both ends of the polarized continuum come together at the same time and achieve a balanced relationship with one another.

The Kabbalists saw these Sefirot in a structured order and form, which they called the Tree of Life. Because each Sefirah is an archetype or a model, every one represents a wide spectrum of categories. The names of the ten Sefirot are: Crown, Wisdom, Understanding, Loving-Kindness, Strength, Beauty, Triumph, Empathy, Foundation, and Sovereignty. By internalizing the Sefirot, we can arrive at a greater and deeper understanding of ourselves, our nature, needs, desires, imperfections and our paths to healing. The Sefirot can act as guideposts in our journey to enrich and ennoble our own existence. Much like the Hindu concept of Chakras, the Sefirot are energy centers. Each Sefirah corresponds to a place on the body, to an aspect of our being, whether physical, emotional, mental or spiritual, and to a particular life-purpose. When an energy center is fully developed and fully realized, and when the energy is flowing pure and without obstruction, then the corresponding place in the body is healthy and well (Frankel, 2003).

Just as they do in the higher world, the ten Sefirot exist in the human soul; and from their mutual inter-relationships are derived and manifested all the broad span of thoughts, feelings and experiences of man. The first three Sefirot assert the aspects of pure consciousness: Crown, Wisdom, and Understanding. Following these initial Sefirot of basic consciousness are the three Sefirot of the higher emotions: Loving-Kindness, Strength, and Beauty. From these levels, we proceed to the three Sefirot that act

directly on the actual world of experience: Triumph, Empathy, and Foundation. Finally, the Sefirah of Malchut, Sovereignty, is the transition from Soul to outer existence, to thought and to deed. Sovereignty is the ultimate step in the approach to the Divine (Dosick, 1997).

By contemplating the Sefirot, one explores the emotional and psychological texture of the Divine's personal qualities, such as love, fear and compassion. Kabbalists employ the Sefirot not merely as abstract concepts or divine metaphors but as tools for meditation. Each serves as a focus of visualization, disclosing depths of archetypal personality within the Divine and the seeker. Yet, contemplation and meditation are themselves means to an even greater end. In the words of Moses Cordovero (1522-1570), "the essence of the divine image is action." The following is an example of how Cordovero suggested embodying Hesed, Grace: "Desire the well-being of your fellow creature, eyeing his good fortune benevolently. Let his honor be as precious to you as your own, for you and your fellow are one and the same. This is why we are commanded: "Love your neighbor as yourself." Desire what is right for your fellow; never denigrate him or wish for his disgrace, suffering or ruin. Feel as bad for such suffering as if it were your own. Similarly, rejoice over another's good fortune as if you were basking in it. It is impossible to conduct yourself according to these qualities constantly," Cordovero conceded, "Accustom yourself to them little by little. The essential quality to attain, the key to them all, is humility" (Steinsaltz, 1980).

The Sefirot, not unlike the C's that define the Self in IFS, function as an ethical training course, a systematic way of translating spiritual ideals into concrete action. Yet, at the same time, the Sefirot constitute a mystical path, a ladder of ascent back to the One. The mystical and the ethical reinforce one another, through a rhythm of self-exploration and awareness of our contextual existence in the world. One may experience spiritual and psychological wholeness by imitating and integrating the Sefirotic attributes. Unexplored shadows of our psyche must be encountered and attended to, not evaded (Matt, 1996). The concept of attending to our psyche correlates with the concept of 'parts' in IFS, particularly exiled burdened young parts, that need to be cared for, loved, and allowed to be unburdened.

Awareness of the Soul

Jewish mysticism teaches that no matter how ill or spiritually disconnected we have become, within each of us there is a pure and wholesome essence capable of calling us back to our center. This essence is our Soul and is always our direct connection with the divine. When we attune ourselves to its calling, the Soul provides us with the exact guidance we need for our evolution.

We find an analogous philosophy encircling the Internal Family Systems model: we embark on the healing journey with our clients specifically to awaken in them the inner restorative power of their Souls. We know that when we reach the inner guide that lies within each individual, we can bring awareness, spaciousness and leadership to a person's daily life and relationships. The qualities of the individual's core, his Soul, which we attempt to tap are also the qualities incontrovertibly attributed to the Divine: calmness, curiosity, clarity, compassion, confidence, creativity, courage and connectedness.

Free Will

Throughout the ages, theologians have debated whether human beings have the ability to choose freely. Jewish mystical belief is based upon a foundation of free choice for humankind. We have human consciousness. We are told that acts of lovingkindness will bring a higher level of consciousness to everyone in the world. We have the choice to effectuate these acts of kindness or ignore them. We are informed that an unkind word can set things in motion that may cause great harm and pain to others. We have the choice of what to say. Nothing is inconsequential. Every encounter with another being is a point of contact upon which the universe pivots. When we enter into this frame of mind, reality as we see it becomes a vast opportunity to experience the interconnectedness of all creation. From this perspective, we come to the realization that every part is integral in the unfolding of our lives.

Kabbalistic free will and Internal Family Systems (IFS) process go hand in hand. If we are caught in the illusion of separation, in the belief that Self and other are distinct, then we do not experience the interactive process. If, however, we comprehend the paradigm of free will and process then we can experience the interconnection of all things. We become co-partners in a cosmic process, imbued with the full freedom of choice to change the universe. This is a fundamental tenet of IFS.

The kabbalistic viewpoint is that awareness is a holistic continuum. Once we believe all parts are complete replicas of the whole then everything in the universe, by definition, is integrally connected. Each time we do something that raises consciousness we lift sparks of holiness to new levels, simultaneously healing the Soul

and mending the world. In Kabbalistic thought, as in IFS belief, these two paradigms are mutually interdependent.

Paradox of Healing

Jewish mysticism teaches us how to walk a middle path that finds balance in the many contradictions of our lives. In order to avoid either/or solutions to complicated problems, Jewish thought finds that contradictory notions can and do co-exist within a larger truth. The fact that so many Hebrew words combine opposite meanings suggests that the Hebrew language itself is based on a worldview that sees all opposites and polarities as deeply connected to a unified source. Hebrew words seem to follow the principle of physics where, as Neils Bohr has suggested, a great truth is one whose opposite is also true.

Dialectical reasoning lies at the core of Jewish thought and paradox is one of the fundamental features of Kabbalistic doctrine. Everything in this world, according to Kabbalah, is essentially revealed through its opposite manifestation. In therapy, we find that the ability to recognize and appreciate the complexity and paradoxical nature of life and of people is, in fact, one of the crucial components of psychological wholeness. The ability and the capacity to integrate good and bad feelings about others and ourselves are at the heart of emotional maturation.

An important component of many Jewish spiritual practices involves creating harmony and balance between opposing energies. To heal the soul, we must be able to integrate and contain the opposing forces that exist inside us within a larger, unified field of being. Taoist philosophers wrote about the interplay of opposites in the process of change. They viewed polarities as mutually defining expressions of the same whole, recognizing that those who divide life into discrete dichotomies - self vs. other, pleasure vs. pain, good vs. bad - end up separated from their own experience and desperate to cast out problems in the pursuit of pleasure (Matt, 1996). Jewish mysticism and its spiritual practices enable us to live as citizens of both the upper and lower worlds. In this lower world, where multiplicity and polarity are the rule, we heal into wholeness by making ourselves into vessels that can contain opposites. In the upper worlds, healing is about opening ourselves to the experience of unification by tapping into the realm in which duality ceases to exist, as when the Self in IFS operates synergistically to bring divine energy to our experiences. Having experienced unity we are better able to tolerate paradox because we will have found the whole that connects the many disparate parts. By attaining wholeness and integration we are more able to embrace and apply the insights we gain from the experience of unity to our actual lives (Flemons, 2004).

The Self and the Soul

The Internal Family Systems model (IFS) has evolved over the past twenty years to adopt a more holistic interpretation of the individual, recognizing that the larger context of family, community, and the world is fundamental to its philosophy. The exploration of the Self in the IFS model, which began with the recognition and honoring of the parts and later led to the uncovering of the core essence of the individual, the Self, is now developing into a view of the higher Self in the context of the larger universe. Acknowledging the contextual significance of the Self, in turn, allows the prospect of a single element of connectivity: a higher power resident in the core of the Self. However intangibly and individually that spirituality may manifest, the evolved IFS model allows spirituality as a component of the Self. Both in its contextual interpretation and its spiritual dimension, the IFS model can be likened to the Kabbalistic theosophy of the Soul which proffers that we are all sparks of the divine flame imbued with responsibility to expand awareness of one's Self and of the world around us. The contextual significance of the Self is clear: if we make no effort to raise our own consciousness and that of the world, we abdicate our humanity (Cooper, 1997).

Yet this correlation between the concept of Self in IFS and Soul in Kabbalah is only the beginning of a long ladder that will enable humanity to bring that divine presence to their midst and act according to that belief. It behooves all of us, as co-creators of this expanding reality, to think beyond dualism. Only when we transform multiplicity to unity will the reconfigured vessel of creation, made up of all the broken pieces of our lives and our world, be able to hold the light of the Divine.

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Acknowledgement

My heartfelt thanks to Dr. Albert Karbal, who selflessly guided me and wholeheartedly believed in my Self.

The Lesson

Clara C. Irwin, LCSW[1]

I tried to catch you a thousand different ways.
When you were a boat,
I was an ocean.
When you were a breeze,
I was a window.
When you were a dreamer,
I was a star.

I turned myself inside out to save you.
When you were the moon,
I was the night.
When you were a rainbow,
I was the sky.
When you were the rain,
I was the earth.

One day I learned I couldn't do anything.
When you were sad,
I couldn't make you happy.
When you were confused,
I couldn't give you clarity.
When you were lost,
I couldn't show you the way.

In time I learned all I could do was love you.
Whatever you were,
Wherever you were,
All I could do was love you.
When you went away,
And when you came home,
All I could do was love you.

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