Editors' Introduction: Why Self-Leadership?

Ralph S. Cohen, Ph.D.[1] and Gregory J. Johanson, Ph.D.[2]
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*.

[1]*Founding co-editor of the Journal of Self Leadership and Director of the Master's Program in Marriage & Family Therapy, Central Connecticut State University*

Author's Address CCSU, 1615 Stanley Street, New Britain, CT 06050
Telephone: (860) 832-2122; e-mail – Jsljournal@aol.com

[2]*Founding co-editor of the Journal of Self Leadership and Founding Trainer of the Hakomi Institute, and Adjunct professor of Pastoral Counseling, Drew University.*

Author's Address: P.O Box 625, Branchville, NJ, 07826
Telephone: (973) 875-5643; e-mail: JohansonHT@nac.net

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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