Volume 1
2003

The Journal of Self Leadership

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

JSL

THE JOURNAL OF SELF LEADERSHIP

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

Volume #1 - 2003

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The Journal of Self Leadership is co-sponsored by the Internal Family Systems Association (IFSA) and Central Connecticut State University.

Funding for the production of this volume was generously provided by an AAUP/CSU Faculty Research Grant at Central Connecticut State University.

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EDITORIAL POLICY AND MANUSCRIPT SUBMISSION GUIDELINES

The Journal of Self Leadership is a professional journal devoted to articles written on the theory and application of Internal Family Systems (IFS) Therapy and topics related to the development of the concept of Self Leadership. The purpose of the journal is to promote and encourage scholarly, and scientific writing on IFS and the principles of Self Leadership. In addition, articles will be accepted which detail the model's utility and effectiveness for a variety of presenting problems, populations, and applications in both clinical and non-clinical arenas.

The Journal is intended for professional audiences in both academic and applied settings. In maintaining the highest standards for publication, all submissions are subject to anonymous, juried review by experts in the field. The Journal places a high value on the integration of theory and practice. The editors wish to encourage practitioners working with the IFS model to share their knowledge and insights with colleagues, and will work with potential authors on expressing their thoughts clearly in written form in preparation for peer review. Persons interested in a detailed description of writing formats and tips for preparing articles may request a copy through our e-mail address at JSLJournal@aol.com.

Potential themes and topic areas include, but are not limited to theoretical articles on IFS concepts and its interface with other models and modalities; theories of Self leadership; research, including empirical studies and meta-analyses; clinical applications, including work with various populations and levels of systems, practice issues, techniques, and case studies; and training and supervision.

Manuscripts should be submitted on white, 8-1/2" x 11" bond paper and **also on a 3-1/4" floppy disk (IBM format)**. Manuscripts should be typed double-spaced with one-inch margins, on 12-point times-roman font. Pages must be numbered consecutively. Formatting and style, including the use of gender-neutral language, tables and figures, references, etc. should follow the guidelines in the *Publication Manual of the American Psychological Association* (most recent edition). Articles should be written clearly and concisely, using non-jargon language.

Manuscripts should include an abstract (italicized, of not more than 100 words), describing the article's topic, method (when appropriate), and conclusions or implications. **Three copies** of each manuscript should be submitted with the floppy disk. For the purposes of blind peer review, authors' names should appear on the ***title page only***. Authors should also include a self-addressed, stamped return envelope with the submission. ***E-mail submissions for initial submissions will not be accepted.*** On the cover letter, authors should include their e-mail address to facilitate correspondence.

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Please send submissions to:

Ralph S. Cohen, Ph.D., Co-Editor
Journal of Self Leadership
Department of Counseling and Family Therapy
Central Connecticut State University - HB 230
1615 Stanley Street
New Britain, CT 06050-4010
Telephone: (860) 832-2122
Fax: (860) 832-2145
E-mail: jsljournal@aol.com

Journal of Self Leadership **2003** **Volume 1** **ISSN# 1545-2700**

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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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The (R)evolution of Family Therapy

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

Arthur G. Mones, Ph.D.

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).

Coordinator, Programs in Family and Marital Psychology, Center for Psychological Services and Clinical Studies, St. John's University, New York

Author's Address: Center for Psychological Services and Clinical Studies, St. John's University, 8000 Utopia Parkway, Jamaica, N.Y. 11439

Telephone: (516) 593-1934; Fax: (516) 593-3291; e-mail: AMonesPhD@aol.com

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

Joan M. Calvert[1]
Central Connecticut State University

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.

[1]*Chair, Department of Computer Science, Central Connecticut State University, New Britain, CT 06050-4010*

Author's Address: CCSU Dept. of Computer Science, 1615 Stanley Street, New Britain, CT 06050-4010 e-mail: calvert@ccsu.edu

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

Mary A. Steinhardt, EdD, LPC[1]
Christyn L. Dolbier, PhD[2]
Mark W. Mallon, MS[3]
D. Trace Adams, M.Ed[3]

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.

[1]*Professor in the Department of Kinesiology and Health Education at The University of Texas at Austin.*

[2]*Assistant Professor in the Department of Psychology at the University of Texas at San Antonio.*

[3]*Doctoral students in the Department of Kinesiology and Health Education at The University of Texas at Austin.*

First Author's Address: Dr. Mary Steinhardt, Department of Kinesiology and Health Education, Bellmont Hall 222, The University of Texas, Austin, Texas 78712

Telephone: (512) 232-3535; Cell Phone: (512) 567-1204; e-mail: MarySteinhardt@mail.utexas.edu

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 ± 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

Donald M. Norman, Ph.D.[1]
Richard C. Schwartz, Ph.D.[2]

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,

[1]*Associate Professor, Counselor Education, University of Wisconsin, Whitewater*

Principal Author's Address: University of Wisconsin, Whitewater, 800 West Main Street, Whitewater, WI 53190-1790 e-mail: normand@uwwvax.uww.edu

[2]*Founder, Internal Family Systems Therapy; Director, Center for Self Leadership, Oak Park, IL 60302*

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

Sid Kemp[1]

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.

[1]*Professional trainer, coach, and mentor with Hakomi and Internal Family Systems training. He offers spiritually oriented psychotherapy to individuals who meditate and are seeking tools and support for self-development.*

Author's address: 469 East Olmos Drive, San Antonio, TX 78212. Email: sid@qualitytechnology.com.

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

Chuck Eigen, M.S., L.P.C.[1]

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

[1]*Private Practice. Chuck Eigen is a teacher of the methods described.*

Author's Address: 421 East Silver Spring Drive, Suite One, Whitefish Bay, WI 53217

Telephone: 414-962-7701; E-mail: Chuckeigen@aol.com

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

[1] *Co-director, Human Sexuality Program, Syracuse University/SUNY Health Science Medical School, and private practice in Syracuse, NY*

Author's address: 614 South Salina Street, Syracuse, NY 13202
Telephone: (315) 474-7479; e-mail: mdw@twcny.rr.com

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.

[1]Department of Special Education/Counseling, Portland State University.

Author's Address: SPED/Counseling, P.O. Box 751, Portland State University, Portland, OR 97207-0751

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.

[1]Organizational Learning Officer for the Fetzer Institute, adjunct faculty member at Western Michigan University, private practice in Kalamazoo, Michigan. Paul has been practicing meditation for more than 15 years and has been on retreat with a number of noted mindfulness teachers including Thich Nhat Hanh, Jon Kabat-Zinn, Joseph Goldstein, Sharon Saltzburg, and Jack Kornfield.

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.

Reference

Lewis, T., Amini, F. & Lannon, R. (2001). *A general theory of love. New York:* Vintage Books

[1] Internal Family Systems coach and member of the International Coach Federation. She is in private practice in Madison, Wisconsin and specializes in addictions, divorce, and abuse survivors and has special interests in creative expression, attachment and bonding, and studies of the heart. She has experience in program directing, teaching, and retreat leadership.

THE INTERNAL FAMILY SYSTEMS ASSOCIATION

The Internal Family Systems Association was formed to promote the model of therapy developed in the 1980's by Richard C. Schwartz, Ph.D, known as Internal Family Systems[SM].

All persons interested in the IFS[SM] model benefit from the activities of the Internal Family Systems Association. The IFSA promotes greater access to information about the model and public awareness of this form of therapy.

IFSA Regional Chicago Community meetings are held quarterly in the Chicago area and are open to all interested persons. Your presence at meetings is welcomed and encouraged.

Benefits of Membership

- Automatically receive the ON-LINE Self-to-Self newsletter ($10 extra to receive a Hard copy of the quarterly membership newsletter)
- Listing in the ON-LINE Membership Directory
- Participation in regional support groups
- Networking opportunities with other IFS therapists via: IFSA listserv, telecon-ferences, newsletter, and monthly E-Bulletins on up-to-date IFSA information to online members (mailed to other members)
- IFS Annual Journal
- Discounts to the annual IFS Conference and Basic and Advanced Trainings offered by the Center for Self Leadership

Internal Family Systems Association Mission Statement

Our mission is to empower human systems at all levels. We promote the leadership of each individual's core Self, understanding that in addition to a Self each person has a system of internal subpersonalities or parts. We are committed to help Selves lead parts more effectively, thereby advancing personal, interpersonal, and global well-being through enhanced acceptance, balance and healing.

Internal Family Systems Association Vision Statement

The Internal Family Systems Model[SM] will be internationally recognized as an efficient and effective method of problem-solving and personal development.

For More Information…please contact us at:

IFSA Central Office Address:
Internal Family Systems Association
447 First Street
Menominee MI 49858

IFSA phone: 906-864-1288
Fax : 906-864-3058
Email: IFSA@cybrzn.com

IFSA Website: www.internalfamilysystems.org