

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

Lia DeLand, MS¹
Dawn L. Strongin, PhD²
Richard C. Schwartz, PhD³

Abstract

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

Introduction

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

The Internal Family Systems (IFS) model conceptualizes the human mind as inherently multidimensional, consisting of a core Self and an indeterminate number of "parts" or subpersonalities. A part is defined as "not just a temporary emotional state or habitual thought pattern.

Instead, it is a discrete and autonomous mental system that has an idiosyncratic range of emotion, style of expression, set of abilities, desires, and view of the world" (Schwartz, 1995, p. 34). The mind is viewed as existing on a continuum of coherence. The more healthy and balanced an internal system is, the greater the sense of harmony and cooperation among the parts. In a personality that is out of balance, the parts are in conflict with one another, polarized into patterns of alliances and coalitions, and caught in escalating and repetitive sequences of behavior. Conflicted, polarized internal systems can result from imbalances in the environmental context or from trauma, which are particularly problematic when they occur in the developmental stages.

The Parts

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

The Self

The core Self is viewed as the seat of consciousness, the essence of who and what a person is, and the natural and capable leader of the internal system. The Self can be experienced as active, aware, discerning and strong; it can also be experienced as balanced, calm, and compassionate. The Self thus has a dual nature, like light

¹ Principal Author's Address: liadeland@earthlink.net

² Assistant Professor of Psychology and Child Development, University of California, Stanislaus, 801 West Monte Vista Avenue Turlock, California 95382

³ Founder, Internal Family Systems Therapy; Director, Center for Self Leadership, Oak Park, IL 60302

(i.e., it has a “wave” state and a “particle” state). Every individual, no matter how distressed or traumatized, has a core Self that is healthy and intact. If the Self is not leading the internal system (e.g., a person is not calm or compassionate, or their behavior is harmful to themselves or others), it is not because the Self is defective, missing, immature, or inadequate, only that it is being constrained, either externally (by a stressful environment) or internally (by polarized parts). Once the Self is free from constraints, it already has everything it needs to be an active, wise leader of the internal system and to move toward a healthy, fully functioning life.

Literature on the IFS Model

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

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

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

Development of the IFS Scale

In addition to having scales that reflect Self-leadership, it is important for the IFS community to develop scales that will profile the entire inner system, both Self and parts.

Such a scale would necessarily address two important questions regarding parts. The first question is: what sort of parts is dominating this internal system? Every internal system consists of a unique configuration of Managerial parts (e.g., perfectionistic, controlling, pleasing), Firefighter parts (e.g., addictive, dissociating, self-harming), and Exile parts (e.g., needy, ashamed, vulnerable). These patterns reflect the way that these internal systems organized themselves in order to survive within their given environmental context.

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

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

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

There were several challenges in developing such a scale. One challenge was to identify useful patterns of personality without losing the unique nature of parts. There are no rigid categories or predetermined archetypes

in IFS theory; each part is distinct and individual. However, there are commonalities within that wide range of parts. So instead of trying to capture the idiosyncratic nature of individual parts, items were written to reflect the feelings and thoughts that are characteristic of the most commonly found types of parts in a traumatized system. Our assumption is that, even with this limitation, a personality profile that gives an overview of the internal system, telling which types of parts are significantly stronger than average, will be useful.

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

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

A fourth challenge involved categorizing various types of parts as either Managers or Firefighters. Attempts were made to fit parts into these categories in the beginning

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

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

Preliminary Study

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

Purpose of the Research

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

structure of the measure and reducing the number of subscales as well as the number of items.

The purpose of this research was to refine the multidimensional self-report scale based on the Internal Family Systems (IFS) model that was developed in the preliminary study, and assess its internal reliability and construct validity. The goal was to be able to profile an individual's personality in terms of (1) the types of parts that are dominating the internal system, (2) the relative strength of those parts, and (3) the relative strength of Self.

Hypotheses

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

METHOD

Participants

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

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

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

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

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

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

Materials

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

Original Subscales of the IFS Scale

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Procedure

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

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

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

Data Analysis

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

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

RESULTS

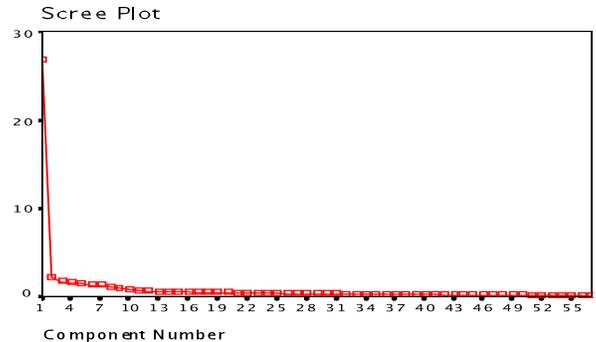
All analyses were run at the .05 probability level (N = 1174). The original 130-item scale with 19 subscales was reduced to a 57-item IFS Scale with 10 subscales.

Factor Analysis

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

Table 1

Eigenvalues and Scree Plot for 130 Items



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

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

Table 2

IFS Scale: Structure Matrix of the Factor Analysis

	Self	Pls/ Ab	S-Harm	Anx/ Pess	S-Crit	Dissoc	Add/Imp	Raging	Exiles
S19	-.838	-.480	-.521	-.491	-.459	-.470	-.444	-.376	-.445
Ax6	-.814	-.561	-.599	-.478	-.428	-.561	-.425	-.434	-.470
Ps8	-.803	-.458	-.582	-.585	-.420	-.409	-.407	-.433	-.470
S13	-.778	-.415	-.485	-.617	-.464	-.482	-.473	-.394	-.561
S4	-.763	-.480	-.480	-.533	-.450	-.402	-.482	-.445	-.555
Ps5	-.763	-.434	-.492	-.462	-.419	-.482	-.447	-.313	-.486
H6	-.758	-.569	-.448	-.497	-.512	-.407	-.462	-.442	-.337
D5	-.736	-.544	-.535	-.410	-.362	-.513	-.403	-.461	-.401
Ad6	-.727	-.482	-.459	-.509	-.492	-.404	-.646	-.481	-.342
Ab2	.465	.868	.447	.422	.394	.411	.376	.407	.401
Ab6	.540	.825	.496	.462	.434	.442	.431	.389	.534
Ab7	.410	.790	.329	.380	.364	.305	.383	.345	.430
Ab3	.541	.750	.512	.597	.373	.430	.375	.381	.482
Ab4	.646	.733	.464	.372	.388	.355	.383	.392	.273
PI2	.452	.705	.351	.453	.489	.480	.436	.297	.421
PI6	.346	.650	.235	.421	.502	.476	.356	.178	.427
SH1	.556	.504	.911	.484	.395	.552	.476	.403	.486
SH7	.537	.461	.875	.458	.360	.513	.495	.396	.423
SH3	.554	.466	.856	.490	.364	.528	.577	.378	.477
SH8	.614	.454	.852	.517	.398	.502	.418	.356	.620
SH2	.541	.373	.847	.455	.371	.443	.369	.325	.497

C4	.500	.407	.486	.825	.445	.525	.376	.308	.448
Ax5	.511	.395	.488	.814	.398	.422	.358	.397	.424
Ps4	.395	.440	.364	.775	.402	.403	.405	.254	.514
Ax1	.612	.578	.527	.772	.516	.611	.426	.452	.530
Ax8	.502	.456	.424	.766	.481	.509	.325	.397	.496
Ps6	.515	.462	.356	.702	.486	.334	.382	.318	.467
C6	.512	.409	.411	.661	.407	.564	.432	.281	.267
Cr1	.392	.429	.349	.427	.841	.370	.310	.314	.437
Cr2	.454	.418	.362	.477	.826	.391	.333	.378	.481
St2	.581	.400	.385	.424	.803	.313	.344	.367	.252
Cr6	.499	.533	.462	.453	.748	.498	.415	.415	.562
Cr4	.581	.331	.340	.409	.733	.250	.310	.297	.151
St7	.245	.341	.201	.396	.640	.299	.252	.247	.381
N6	.561	.462	.568	.512	.384	.846	.457	.383	.552
N2	.385	.330	.468	.424	.297	.792	.352	.273	.367
N7	.547	.458	.533	.531	.450	.766	.493	.388	.655
N1	.636	.404	.409	.442	.386	.738	.515	.365	.417
N5	.315	.455	.382	.415	.327	.648	.373	.404	.446
Ad3	.491	.418	.492	.411	.343	.495	.806	.384	.468
I4	.465	.287	.350	.296	.253	.340	.779	.231	.221
Ad7	.391	.461	.420	.405	.357	.374	.742	.425	.420
I5	.424	.499	.491	.379	.335	.472	.726	.444	.404
Ad5	.486	.470	.477	.483	.391	.541	.712	.429	.529
R8	.407	.366	.356	.333	.327	.334	.396	.877	.337
R2	.430	.365	.301	.287	.409	.284	.368	.848	.320
R9	.471	.436	.431	.435	.441	.414	.417	.758	.584
R3	.431	.400	.421	.480	.290	.501	.348	.748	.391
H5	.623	.549	.586	.577	.494	.544	.497	.501	.809
Ps9	.719	.571	.657	.554	.522	.571	.509	.474	.783
Ash2	.674	.557	.609	.598	.575	.611	.518	.423	.749
Pow3	.689	.626	.599	.571	.513	.650	.480	.434	.736
H8	.616	.548	.604	.626	.428	.486	.438	.457	.736
Ash10	.703	.590	.613	.624	.575	.653	.496	.476	.728
H7	.687	.578	.631	.585	.508	.606	.517	.472	.725
H3	.647	.550	.518	.656	.489	.508	.437	.355	.722
Pow6	.718	.590	.615	.574	.473	.627	.501	.427	.720

Promax rotation of a principle components solution

Table 3

IFS Scale: Final Subscales

Internal Consistency

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

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

*Indicates subscales included in the Parts scale.

Correlations

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

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

Table 4

Intercorrelations Between Subscales of the IFS Scale

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

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

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

T-tests

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

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

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

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

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

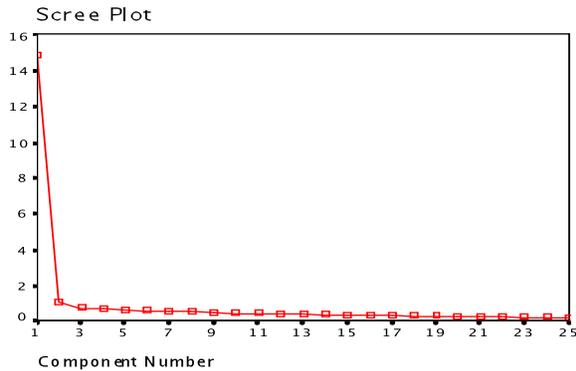
Self Scale

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

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

Table 5

Scree Plot of the 25 items loading with Self Leadership



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

Table 6

Self Scale: Structure Matrix of a Two Factor Solution

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

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

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

Table 7

Self Scale: Final Items

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

$\alpha = .97$; item-to-total correlations: .58 to .86

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

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DISCUSSION

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

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

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

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

may be exiled if it is shamed or disallowed by the familial or social environment.

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

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

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

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

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

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

Pleasing/Abandoned: fearing abandonment; anxious to please.

Raging: using anger as a protection against vulnerable feelings.

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

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

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

It was hypothesized, based on the IFS model as well as on personal and clinical experience, that Self would be a separate factor. The hypothesis was supported. Results

suggest that the dimension of Self is not simply a reversal of, or absence of, parts, but a unique and separate dimension of personality, validating the IFS model's conception of personality.

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

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

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

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

When analyzed separately, the dimension of Self was found to have two factors. Even though one factor explains most of the variance, the two factor solution makes theoretical and clinical sense, as it is consistent with the IFS model's conception of Self as having a dual-

nature, like the wave/particle duality of light (Schwartz, 1995, p. 38). The first factor, Self-Qualities, reflects the experiential or "particle" aspect of Self. It contains items relating to the actual experience of being "in Self," i.e., feeling calm and centered. Items that load on this factor include "I feel balanced and calm" and "I feel worthy and valuable." The second factor, Self-Leadership, reflects the instrumental or "wave" aspect of Self. It contains items relating to the ability to maintain one's center when under emotional stress. Items that load on this factor include "I can manage okay in the midst of chaos," and "I feel able to comfort myself when something bad happens." Even though they represent two aspects of Self, it must be emphasized that these two factors are very closely related and several items load strongly on both factors.

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

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

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

there is a negative relationship between extreme parts and Self because the more access an individual has to Self, the less extreme the parts are likely to be, and the more extreme the parts are, the less access there is likely to be to Self. The intercorrelations between the factors supported IFS theory; parts were positively related to each other and negatively related to Self.

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

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

It was also hypothesized that all dimensions of parts and Self would be distinct. The hypothesis was supported. Results of the partial correlations indicated that there was very little overlap; the vast majority of the partial correlations (220 out of 224) retained strong significance ($p < .000$), indicating that the subscales are reflecting distinct dimensions. The only exceptions occurred in

relationship to the Exile factor. When Exiles was controlled for, the partial correlations between the following four combinations lost significance: Self-harming with Pleasing/Abandoned; Self-harming with Raging; Self-harming with Self-critical; and Self-critical with Dissociating. This suggests that the Exiles factor has some degree of overlap with these other parts factors. This may be due to the strong systemic relationship between the Exiles and those parts that are protecting them. It is possible that different items might improve the discreteness of these scales.

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

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

The results of this study need to be considered in light of certain limitations. The population, although large and geographically broad, was not random. It was unbalanced in several respects, being predominantly Caucasian, female, and well educated. It also contained a large percentage of people (47%) who identified themselves as having experienced more traumatic experiences in their

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

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

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

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

As for the individual subscales, some of the original categories were not strong enough to be retained, or retained in a discrete form (e.g., Avoiding, Entitled, Striving, and Pleasing/Dependent). It is possible that

finding stronger items for these categories would result in viable subscales. It is also possible that there are other important categories of parts that have been left out of the research entirely.

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

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

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

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

and the concept of Self-leadership is a fascinating and very much open question.

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

REFERENCES

- American Psychological Association. (1992). Ethical principles of psychologists and code of conduct. *American Psychologist*, 47, 1597-1611.
- Barrett, M., & Schwartz, R.C. (1987). Couples treatment for bulimia. In J. Harkaway (Ed.), *Eating disorders*. Rockville, MD: Aspen Systems Corporation.
- Breunlin, D.C., Schwartz, R.C., & MacKune-Karrer, B. (1992). *Metaframeworks: Transcending the models of family therapy*. San Francisco: Jossey-Bass.
- Dobier, C.L., Soderstrom, M., & Steinhardt, M.A. (2001). The relationships between self-leadership and enhanced psychological, health, and work outcomes. *Journal of Psychology*, 135, 469-485.
- Goulding, R.A., & Schwartz, R.C. (2002). *The mosaic mind: Empowering the tormented selves of child abuse survivors*. Oak Park, IL: Trailheads Publications.
- Johnson, L.C., & Schwartz, R.C. (2000). Internal family systems: Working with children and families. In C. Everett Bailey (Ed.), *Children in therapy*. New York, NY: W.W. Norton & Co.
- Nichols, M.P., & Schwartz, R.C. (2004) *Family therapy: Concepts and methods*, 6th edition. Boston: Allyn & Bacon.
- O’Neil, L. (2002). *Initial reliability of a new measure based on the internal family systems model*. Unpublished master’s thesis, California State University, Stanislaus.
- Rowan, J. (1990). *Subpersonalities: The people inside us*. London: Routledge.
- Schwartz, R.C. (1988). Women and eating disorders. In F. Walsh & C. Anderson (Eds.), *Chronic disorders and the family*. New York: Haworth.
- Schwartz, R.C. (1992). Rescuing the exiles. *Family Therapy Networker*, May/June.
- Schwartz, R.C. (1995). *Internal family systems therapy*. New York: Guildford Press.
- Schwartz, R.C. (1999). The internal family systems model. In J. Rowan & M. Cooper (Eds.), *The plural self: Multiplicity in everyday life* (pp. 238-253). Thousand Oaks, CA: Sage Press.
- Schwartz, R.C. (1999). The self-to-self connection: Intimacy and the internal family systems model. In J. Carlson & I. Sperry (Eds.), *The intimate couple*. Philadelphia, PA: Bruner-Mazel.
- Schwartz, R.C. (2001). Dealing with racism: To exorcise or embrace inner bigots. *Voices: The Art and Science of Psychotherapy*, 37(3), 55-64.
- Schwartz, R.C. (2001). Internal family systems therapy. In J. Carlson & D. Kjos (Eds.), *Theories and methods of family therapy*. Boston, MA: Allyn & Bacon.
- Schwartz, R.C. (2001). *Introduction to the internal family systems model*. Oak Park, IL: Trailheads Publications.
- Schwartz, R.C. (2003). Pathways to sexual intimacy. *Psychotherapy Networker*, May/June.
- Schwartz, R.C., Barrett, M.J., & Saba, G. (1985). Family therapy for bulimia. In D. Garner & P. Garfunkel (Eds.), *The handbook for the treatment of anorexia and bulimia*. New York: Guilford Press.
- Schwartz, R.C. & Johnson, S.M. (2000). Does couple and family therapy have emotional intelligence? *Family Process*, 39, 29-34.
- Schwartz, R.C. & Norman, D.M. (2003). Maintaining self leadership with “borderline” clients. *Journal of Self Leadership*, 1(1), 32-37.
- Steinhardt, M.A., Dolbier, C.L., Mallon, M., & Adams, D.T. (2003). The development and validation of a scale for measuring self-leadership. *Journal of Self Leadership*, 1(1), 20-31.