

Impact of Learning Internal Family Systems Model on Self-of-the-Therapist Work in  
Novice Therapists: A Mixed-Methods Study

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**Abstract:**

This mixed-methods study sought to examine the impact of learning the Internal Family Systems (IFS) model on novice therapists' self-of-the-therapist work. Criterion sampling was used to recruit participants enrolled in an IFS graduate course in Virginia Tech's Marriage and Family Therapy (MFT) Program. Participants completed three sets of questionnaires (Self-Compassion Scale, Five Facet Mindfulness Questionnaire, and Professional Quality of Life Scale V. 5) both before and after completing the course. Twelve of the 23 participants volunteered to contribute to the qualitative portion of this study in semi-structured focus groups or individual interviews. The qualitative data were analyzed using grounded theory to assist in building theory for whether and how IFS can build awareness of internal process and increased self-compassion in novice therapists, therefore contributing to their self-of-the-therapist work. The quantitative data reported an increase in Self-Kindness, Common Humanity, Mindfulness, ability to Describe one's experience, ability to Act with Awareness, and the ability to be Nonjudgmental and Nonreactive of one's experience after participants completed the IFS course. The quantitative data reported a decrease in participants' Self-Judgment, Over-identification, and Secondary Traumatic Stress after completing the IFS course. The qualitative data supported these findings. The themes that emerged for the qualitative data were an increase in Self-Leadership, Improved Relationships, and an increase in Self-Compassion. Overall, participants reported gaining greater awareness of their internal process and increasing their ability to be self-compassionate, which they report impacted

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and contributed to their self-of-the-therapist work. Limitations, clinical and training implications, and future directions for research are discussed.

**Impact of Learning Internal Family Systems Model on Self-of-the-Therapist Work  
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**Dina Anne Hilaris**

**General Audience Abstract:**

This study sought to examine the impact of a Marriage and Family Therapy graduate course based on a model of therapy called Internal Family Systems (IFS) on novice therapists' self-of-the-therapist work. Self-of-the-therapist refers to who the therapist is, his or her personal characteristics, and the role he or she plays in the delivery of therapy. The Marriage and Family Therapy field has come to a consensus around the idea that the therapeutic process depends to a certain extent on the therapist's ability to understand their own inner selves before working with clients on such reflection. Self-of-the-therapist work is defined by Timm and Blow (1999) as a therapist's participation in a process that requires introspective work on issues in his or her own life, that has an impact on the process of therapy in both positive and negative ways.

Participants completed three sets of questionnaires (Self-Compassion Scale, Five Facet Mindfulness Questionnaire, and Professional Quality of Life Scale V. 5) both before and after completing the course. Twelve of the 23 participants volunteered to contribute to the qualitative portion of this study in focus groups or individual interviews. The questionnaires revealed that after taking the IFS course, participants reported an increase in Self-Kindness, Common Humanity (seeing one's experiences as part of the human condition rather than isolating), Mindfulness (moment-to-moment awareness of one's experience rather than becoming overwhelmed by emotions and thoughts), ability to Describe one's experience, ability to Act with Awareness, and the ability to be Nonjudgmental and Nonreactive of one's experiences. The questionnaires revealed a

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decrease in participants' Self-Judgment, Over-identification (rumination on disliked aspects of oneself or one's life), and Secondary Traumatic Stress (therapist being personally impacted by clients' emotional experiences, and taking on their pain) after completing the IFS course.

The themes that emerged from the focus groups and individual interviews were an increase in Self-Leadership, Improved Relationships, and an increase in Self-Compassion. Self-leadership can be understood as not becoming overwhelmed by specific emotions and having them take over one's system, but rather having the ability to regulate one's own emotions in the moment. Self-compassion can be understood as treating oneself with kindness rather than being self-critical in times of distress.

Overall, participants reported gaining greater awareness of themselves and increasing their ability to be self-compassionate, which they report impacted and contributed to their self-of-the-therapist work. This is important because the MFT field makes the assumption that a therapist can better serve their clients if they have participated in self-of-the-therapist work and have a good understanding of their own emotions. This study is important because it provides a method (IFS graduate course) to build self-of-the-therapist work in novice therapists.

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## **Chapter I: Introduction**

### **The Problem and Its Setting**

Aponte and Carlsen (2009) claim that all therapy is a marriage of the technical with the personal because the clinician's personal and professional selves are intrinsically intertwined. Phrases such as "person of the therapist" or "self of the therapist" have generically been used in the marriage and family therapy (MFT) field to refer to who the therapist is, his or her personal characteristics, and the role he or she plays in the delivery of therapy (Baldwin, 2000; Lum, 2002; Simon, 2006). Although psychotherapists such as Freud (1910), Bowen (1972), and Satir (2000) have emphasized the importance of self-of-the-therapist work, the MFT field has come to a consensus around the idea that the therapeutic process depends to a certain extent on the therapist's ability to examine their own internal processes. Self-of-the-therapist work is defined by Timm and Blow (1999) as a therapist's participation in a process that requires introspective work on issues in his or her own life, that has an impact on the process of therapy in both positive and negative ways.

Self-of-the-therapist work is defined by the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) within the following training standards: "5.4.2. Monitor attitudes, personal well-being, personal issues, and personal problems to ensure they do not impact the therapy process adversely or create vulnerability for misconduct" (Nelson et al., 2007, p. 437). The inclusion of self-of-the-therapist work in MFT training programs is based on the assumption that it will enhance the clinician's therapeutic potential and directly benefit clients (Aponte et al., 2009; Satir, 1987). The purpose of this study is to determine whether the Internal Family Systems

(IFS) model can be a tool for novice therapists to learn how to recognize and differentiate their own internal processes, while also improving their ability to practice self-compassion, thus contributing in a systematic way to helping novice therapists begin self-of-the-therapist work. IFS is an empirically validated, nonpathologizing and collaborative approach in which people are viewed as having all the resources they need for health (IFS: An Evidence-Based Practice, 2015). IFS is a model characterized by not only giving attention to the client's internal system, but also the therapist's (Schwartz, 1995). From the IFS perspective, therapists need to have achieved a good understanding and management of their own internal process in order to be grounded before they can help their clients achieve this awareness (Timm & Blow, 1999).

Many therapists are motivated to enter their chosen profession due to compassion for others and an "altruistic desire to improve individual and societal conditions" (Radey & Figley, 2007, p. 207). They can accept their clients wholeheartedly and have empathy for them, but they are sometimes unable to show themselves that same level of compassion. Novice therapists tend to be very self-critical as they are learning the art and science of therapy (Decker, Brown, Ong, & Stiney-Ziskind, 2015). Due to novice therapists' tendency to be self-critical, it is important to address self-of-the-therapist work in MFT training programs. Improving self-compassion and awareness of internal process is viewed in this study as a method for operationalizing one aspect of self-of-the-therapist work in novice therapists.

Self-compassion is the ability to be compassionate to oneself. Without this ability, therapists might not be prepared to be compassionate and/or present with their clients. According to Neff (2011), self-compassion is being receptive to one's feelings that cause

suffering and hardship, approaching oneself with concern and warmth, being sensible and non-judgmental towards oneself in times of insufficiency and failure in accepting that negative experiences are a part of human living. In other words, self-compassion is the ability to handle suffering related emotions tenderly, with great interest and consciously (Neff, 2003).

Gilbert and Procter (2006) sum up the key parameters of self-compassion:

Kindness involves understanding one's difficulties and being kind and warm in the face of failure or setbacks rather than harshly judgmental and self-critical.

Common humanity involves seeing one's experiences as part of the human condition rather than as personal, isolating, and shaming; mindful acceptance involves mindful awareness and acceptance of painful thoughts and feelings, rather than overidentifying with them (p. 358).

Self-compassion involves the desire for one's own health and well-being, and is associated with greater personal initiative to make needed changes in one's life. Because self-compassionate individuals do not berate themselves when they fail, they are more likely to admit mistakes, modify unproductive behaviors and take on new challenges (Wei, Liao, Ku & Shaffer, 2011). In a study of self-compassion in classroom settings, for instance, Neff, Hseih, and Dejithirat (2005) found that self-compassion was positively associated with mastery goals for learning and negatively associated with performance goals. Thus, self-compassionate individuals are motivated to learn and grow, but for intrinsic reasons-not because they want to garner social approval (Neff, 2009).

The importance of the thoughtful and therapeutic use of self highlights the need for significant training and preparation to do such work responsibly. The goal of this

study is to determine how and whether the IFS model contributes to novice therapists' ability to gain awareness of their internal process and increase the practice of self-compassion.

### **Significance**

The fact that novice therapists experience anxiety seems to be a consistent finding across these studies (Hill, Sullivan, Knox, & Schlosser, 2007; Melton, Nofzinger-Collins, Wynne, & Susman, 2005; Williams, Judge, Hill, & Hoffman, 1997). Self-compassion has been found in the research to decrease performance anxiety (Neff, 2009). Self-compassion is a qualification that therapists need to have in order to develop more effective relationships with individuals, families and the community in the future, as well as, be good role models, cope with problems that they could encounter with individuals from a variety of age groups and maintain a healthy private life with their friends, families and spouses. Furthermore, as an adult, recognizing one's own emotions, expressing them in different ways, controlling stressful situations, motivating oneself for compatible behavior instead of being harshly self-judgmental or self-condemning helps improve emotional intelligence and contribute to self-compassion in terms of identifying, understanding, expressing and managing emotions. In summary, qualities of self-compassion seem to align with what MFT training programs intend to grow in their students through self-of-the-therapist work.

It is vital to assess the current context and develop educational programs for the training of therapists with high self-compassion in order to enhance these qualities. IFS appears to be promising for helping novice therapists gain awareness of their internal process, which could lead them to develop self-compassion.

**Rationale for Methodology**

Creswell (2007) discussed how qualitative studies are best for little studied phenomena while quantitative studies can build on qualitative data. Further, Creswell (2009) identified a mixed-methods study as one with enhanced strength compared to the use of either the quantitative or qualitative method alone. The research method for this study will be a convergent triangulation (Cronbach, 1975). It will bring the data together in order to offer a theory and better understanding of the role of Internal Family Systems (IFS) in building self-compassion and awareness of internal processes in novice therapists. The convergent triangulation involved will simultaneously review qualitative and quantitative data in order to illuminate behavior in context (Cronbach, 1975).

In this mixed-methods study, the qualitative data will help to expand upon the quantitative findings and assist in building theory for whether and how Internal Family Systems can build awareness of internal process and self-compassion in novice therapists, and how this contributes to self-of-the-therapist work. Glaser (2010) asserted, grounded theory is —what is, not what should, could or ought to be. The research will use open-ended questions within focus groups and individual interviews to obtain subjective data that naturally emerges from various questions on the participants' feelings and thoughts around their experience with self-compassion, recognizing their internal process and learning about IFS. It will assist in building theory and research consistency for how learning about IFS affects novice therapists. The qualitative study helps to explain the findings of the quantitative data.

### **Theoretical Framework**

Grounded theory's emergent nature will assist in identifying concepts and themes regarding the novice therapist's experience learning about IFS while the quantitative scales will describe the impact of learning IFS on self-compassion, mindfulness, and professional quality of life levels in novice therapists. No published research located to date has been conducted on self-compassion in training MFTs. This study aims to create a foundation for training MFTs in order to build self-compassion and awareness of internal process in novice therapists.

Grounded theory is well suited for reflecting the impact of learning about IFS on novice therapists' self-compassion, mindfulness, and professional quality of life levels because the approach serves to create theory that is intimately linked to the reality of the individuals studied. Through a process of constant comparison and reduction, this method allows for the development of theory grounded from well-defined concepts that emerge directly from the phenomena under investigation (Charmaz, 1995).

### **Purpose of the Current Study**

Historically, MFT programs have struggled with how to integrate self-of-the-therapist training into school curricula within COAMFTE guidelines (Watson, 1993). According to Aponte and Carlsen (2009), the challenge that educational programs are facing is how they will grapple with assisting therapists' development at a personal level while keeping with the accreditation standards and not morphing this professional training into personal therapy. Although the COAMFTE provides this standard for training novice therapists, they provide no guidance for how to integrate these concepts into MFT curriculum.

Nelson and Graves (2011) conducted a study with the aim of learning the opinions of AAMFT Approved Supervisors as to how well-prepared postgraduate trainees were with respect to the core competencies. The results of this study suggest that a gap exists between the level of mastery that the postgraduate trainees exhibit and the level desired by supervisors. Nelson and Graves (2011) reported that the process of establishing core competency standards will require changes in the way that training programs educate and instruct students and there needs to be an increase in research focusing on what the field is currently doing to prepare competent therapists. The purpose of this study is to determine whether learning about IFS can contribute to self-of-the-therapist work, as is requested by COAMFTE.

In order for novice therapists to achieve personal mastery in the professional context of therapy, therapists must know themselves, particularly the dominant personal challenges-psychological, cultural, and spiritual-that mark their lives. Clinicians must also have the ability to observe, have access to, and exercise judgment about the emotions, memories, and behaviors that spring from their own personal themes while in the actual therapeutic process (Aponte et al., 2009).

The importance in training master level family therapists in self-of-the-therapist work is evident as noted by several guidelines in addition to COAMFTE. For example, several competencies listed in the *Marriage and Family Therapy Core Competencies* (American Association for Marriage and Family Therapy [AAMFT], 2004) convey the importance of therapists' own personal work in order to maintain a professional stance and prevent possible misconduct. Thus, some competencies (e.g., 3.4.5, 4.4.6, 5.5.2) refer to the need of MFTs to monitor and evaluate personal reactions to clients and treatment



processes, and their possible effects on therapeutic effectiveness. Similar principles are found in the *Code of Ethics* (AAMFT, 2012).

According to Aponte et al. (2009), MFT therapists must be able to utilize their personal life history and inner emotional experiences to both identify with and differentiate themselves from their clients. Therapists must be able to recognize the common elements of the human experience in their clients' personal journeys through a conscious connection with their own personal journeys. Therapists must also be so grounded in their own life's pilgrimage that they do not entangle themselves in their clients' affective churnings to the point of losing the emotional distance necessary to see, and consequently challenge, their clients (Aponte et al., 2009). The POTT model, however, "lends greater emphasis on how to use the self in the clinical context, than on how therapists achieve a certain level of personal growth and resolution as a precondition to an effective use of self" (Aponte et al., 2009, p. 382).

Unlike approaches such as Aponte's Person of the Therapist (POTT), which is an atheoretical, generic training approach (Aponte & Winter, 2000), Internal Family Systems is a theoretical model grounded in systems theory, which aims to understand the entire internal system (Schwartz, 1995). Integrating self-of-the-therapist work into learning about IFS can provide novice therapists with the ability to show themselves more self-compassion as they dive into the therapy field. By interviewing novice therapists who have learned about IFS as part of their graduate program, this study seeks to understand whether and how IFS helps novice therapists become more aware of their internal process and self-compassionate. This is critical because novice family therapists experience strong and sometimes intrusive emotions like curiosity, tension,

powerlessness, irritation, uncertainty, and relief in session. Data from Frediani and Rober (2016) indicates that therapists' personal memories are sometimes evoked by what is talked about in session, which shows that the therapist is not a detached professional, but rather present in the session as a full human being.

### **Research Questions**

The research questions that will be addressed by this study are:

1. Does IFS help novice therapists become more self-compassionate? If so, how?
2. Does IFS help novice therapists become aware of their internal process?
3. How does this impact their self-of-the-therapist work, if at all?
  - a. Self-of-the-therapist work as defined by Timm and Blow (1999) as a therapist's participation in a process that requires introspective work on issues in his or her own life, that has an impact on the process of therapy in both positive and negative ways.

## **Chapter II: Literature Review**

The literature reviewed includes Internal Processes of Novice Therapists, MFT Self-of-the-Therapist Training, Self-Compassion, Self-Compassion Outcomes, Internal Family Systems Therapy, and Internal Family Systems and Self-of-the-therapist. These reviewed topics will help illuminate the importance of novice therapists being self-compassionate, as well as the influence of learning Internal Family Systems therapy and its potential impact on novice therapists' ability to gain awareness of their internal processes and practice self-compassion.

### **Marriage and Family Therapy (MFT) Training**

Clinicians and scholars who have addressed the relationship of therapists' personal emotional struggles to their therapy practice, historically advocated for one of two stances: 1) get that personal self out of the way of the professional self (or resolving personal issues) or 2) Learn how to use these emotional struggles to enhance the effectiveness of the professional self (Timm & Blow, 1999). Many therapists over the years have asserted that the therapist cannot take the patient/client further than where he or she is in his or her own personal journey (Freud, 1910; Bowen, 1972; Satir, 2000). From that perspective, the primary aim in the personal aspect of therapist training is to work continually toward resolution of therapists' personal issues. The training of therapists in the Bowen model focused on helping the trainee work on his or her own emotional functioning, specifically in his or her own family of origin. Bowen asserted that trainees who had been most successful with their own families developed skill and flexibility as family therapists (Bowen, 1972). Satir's (2000) goal was the positive use of self in order to be of positive value in treatment. For Satir, this meant becoming a more

integrated self in order to be able to make greater contact with the client. Aponte and Kissil (2014) discussed that in our humanity, all therapists have personal wounds and have an obligation to be conscious of and work on these issues for our professional role.

Historically, MFT programs have struggled with how to integrate self-of-the-therapist training into school curricula within the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) guidelines. Nelson et. al., (2007) reported,

“Programs and postgraduate supervisors, together with trainees, will need to learn more about how each competency can best be learned. It is likely that many existing methods will be promoted and that new and varied methods will be developed. Given a perspective of Outcome Based Education (OBE) that focuses on student learning and outcomes rather than training-driven inputs, we need to pay more attention to individuals’ learning styles and to develop methods that best match those styles” (p. 427).

According to Aponte et al. (2009), the challenge that educational programs are facing is how they will grapple with assisting therapists’ development at a personal level while keeping with the accreditation standards, not morphing this professional training into personal therapy. Novice therapists must know themselves, in order to achieve personal mastery in the professional context of therapy. They must have the ability to exercise judgment about the emotions that come from their own personal themes while in the therapeutic process in order to differentiate their experience from their client’s (Aponte et. al., 2009). Therapists must be so grounded in their own life’s journey that they do not entangle themselves in their clients’ experiences.

Therapeutic models vary in their definition of the goals of the self-of-the-therapist work and the steps included in achieving those goals. The training model, the person-of-the-therapist (POTT) is based on the premise that within the therapeutic relationship is a personal process that takes place between the therapist and client (Aponte, 1994). Aponte and Kissil (2014) report that this personal process generates a unique character to the various aspects of the therapeutic process specific to each particular case-the development of the relationship and the exploratory and interventional process of therapist and family. Furthermore, this training model is based on the premise that therapists are capable of developing an expertise in how they proactively use themselves personally in all aspects of the therapeutic process to further the effectiveness of their efforts.

The basic components of the POTT model are to train therapists to know themselves, achieve the ability to access their inner personal experience in the therapeutic process, and make use of their selves actively and purposefully commensurate with each task of the therapeutic process-connecting with clients, assessing cognitively and intuitively, and intervening in a personal transaction specifically tailored to the client (Aponte & Carlsen, 2009). POTT lends a greater emphasis to training on how to use the self in the clinical context, rather than on how therapists achieve a certain level of personal growth and resolution as a precondition to an effective use of self (Aponte et al., 2009). A focus on how novice therapists can achieve that personal growth is where learning about IFS can contribute to the self-of-the-therapist work.

Sprenkle, Davis, and Lebow (2009) believe that ongoing self-of-the-therapist work is an important part of training, while they take a different approach than the POTT

model. As common factors researchers, Blow, Sprenkle, and Davis (2007) believe that MFT works largely because of common elements found in effective models of therapy and the process of therapy itself, rather than because of specific ingredients found in models. Sexton and Ridley (2004) argue that the bulk of change in therapy comes from the models that inform the thinking and decision making of the therapist. Simon (2006) proposed that the bridge between the common factors versus models dilemma takes place in the self-of-the-therapist. This occurs when a therapist becomes aware of his or her worldview and adopts an effective model of change that is congruent with this worldview. This allows the therapist to reach his or her potential as that therapy becomes a personalized vehicle for self-expression. Furthermore, the model's intended change qualities are maximized at the same time because they are authentically practiced through the person of the therapist (Blow et al., 2007).

In terms of the relationship between therapist emotional well-being and outcomes, Beutler et al. (2004) conducted a study based on MFT training programs that require personal therapy of their students in an effort to contribute to their self-of-the-therapist work. They concluded that there is evidence showing a positive relationship between the therapist well-being and positive client outcome. However, they also note that therapist emotional well-being should not be assumed after participating in therapy and that therapists who receive their own personal therapy do not necessarily achieve better outcomes with their client. When therapists are grounded in the journey of understanding and tackling their own issues, they are more likely to differentiate themselves from their clients and their clients' issues. This differentiation allows them to simultaneously relate intimately to their client's experience, while standing outside of their engagement with

the client, with relative freedom to observe the interaction and draw both insight and the ability to maneuver therapeutically. In this way, they can relate to and appreciate their clients' difficult journeys without overidentifying or suffering from compassion fatigue (Negash & Sahin, 2011).

Several theorists have suggested a strong link between therapy and theater (MacCormack, 1997; Weiner, 1997), with particular emphasis on the therapist's "role" (Bernstein, 1984). Schact (1991) has even suggested that there is an improvisational performance quality acquired by expert therapists and that teaching psychotherapy to novice therapists is like "...teaching jazz piano. The student must master basic technical skills and principles of rhythm, harmony, melody, and mechanical execution, and then must learn to combine these elements in unique, improvisational, and yet still coherently integrated performances" (p. 307). With little skill or experience, novice therapists may focus predominantly on the anxiety produced by their "performance," a focus that seemingly diminishes with experience. Therefore, an important part of training novice therapists is to assist them in managing their anxieties through building characteristics such as self-compassion.

Helping therapists acknowledge and understand their struggles, accept their humanity and feel comfortable "going there" emotionally as needed, positions them not only to gain greater mastery of themselves to implement their therapeutic tasks, but also to free and motivate them to work on their personal issues, which makes more of their selves available for the work of therapy (Aponte & Kissil, 2014).

### **Self-Compassion**

From the Buddhist point of view, one has to care about oneself before one can truly care about other people. If one is continually judging and criticizing oneself while trying to be kind to others, they are drawing artificial boundaries and distinctions that only lead to feelings of separation and isolation (Neff, 2011). Self-compassion has been defined by Neff (2003) as “being touched by and open to one’s suffering, not avoiding or disconnecting from it, generating the desire to alleviate one’s suffering and to heal oneself with kindness. Self-compassion also involves offering nonjudgmental understanding to one’s pain, inadequacies, and failures, so that one’s experience is seen as part of the larger human experience” (p. 87). Self-compassion motivates personal growth (Brach, 2003), while minimizing the need for distortions about the self (Persinger, 2012). Gilbert (2005) suggested that self-compassion promotes well-being through helping individuals feel cared for, connected, and emotionally calm.

According to Neff (2009), Self-compassion has three dimensions: self-kindness, common humanity, and mindfulness. Self-kindness is the ability to treat oneself with care, rather than harsh self-judgment and self-criticism. Self-kindness results in forgiveness of our inadequacies. When noticing some disliked aspect of one’s personality, for example, the tone of language used to acknowledge the shortcoming is kind and supportive. Rather than attacking and berating oneself for not being “good enough,” the self is offered warmth and unconditional acceptance (even though behaviors may be identified as being in need of change). Similarly, when life circumstances are stressful, instead of immediately trying to control or fix the problem, a self-



compassionate person might respond by pausing first to offer oneself soothing and comfort (Neff & Germer, 2013).

Common humanity is recognizing that failure, suffering and hardships are shared aspects of the human experience in general, rather than feeling socially alienated and isolated by these imperfections (Neff, 2011). A belief in this human interconnectedness protects against feeling singled out and withdrawing into our pain. The sense of common humanity in self-compassion involves recognizing that all humans are imperfect, that all people fail, make mistakes, and have serious life challenges. Self-compassion connects one's own flawed condition to the shared human condition, so that features of self are considered from a broad, inclusive perspective. Often, when people notice something about themselves or their lives that they do not like, they feel "this should not be happening," that something has gone wrong. When failures and disappointments are experienced as an aberration not shared by the rest of humankind, people may feel isolated from others who are appearing to lead "normal" happy lives (Neff & Germer, 2013).

Mindfulness is the discernment that aids an individual in accepting the hardest and saddening emotions of life without letting oneself be carried away by the exaggerated storyline of distress (Neff, 2011). Mindfulness allows us moment-to-moment awareness of one's experience rather than overidentifying with subjective emotions and cognitions (Neff, 2003). Mindfulness in the context of self-compassion involves being aware of one's painful experience in a balanced way that neither ignores nor ruminates on disliked aspects of oneself or one's life. It is necessary to be mindfully aware of personal suffering to be able to extend compassion towards the self. At the same time, it is important to pay

attention in a grounded way that prevents being carried away by one's suffering, which Neff (2003) has termed "over-identification." This type of rumination narrows one's focus and exaggerates implications for self-worth (Neff & Germer, 2013).

Although mindfulness is a component of self-compassion, the two constructs are not exactly the same. First, the type of mindfulness entailed in self-compassion is narrower than mindfulness more generally. The mindfulness component of self-compassion refers to the balanced awareness of the negative thoughts and feelings involved in personal suffering. Mindfulness in general refers to the ability to pay attention to any experience-positive, negative, or neutral-with acceptance. Another distinction between mindfulness and self-compassion lies in their respective targets (Germer, 2009). According to Neff and Germer (2013),

"Mindfulness tends to focus on one's internal experience (sensations, emotions, thoughts) rather than oneself as the experiencer. For example, in the case of lower back pain, mindful awareness might be directed at the changing pain sensations, perhaps noting a stabbing, burning quality, whereas self-compassion would be aimed at the person who is suffering from back pain. Self-compassion emphasizes soothing and comforting the "self" when distressing experiences arise, remembering that such experiences are part of being human" (p. 29).

Though research on self-compassion is fairly recent, the concept is not new. Like mindfulness, Self-compassion originates from Eastern philosophical thought, but it is not a concept unique to Buddhism (Persinger, 2012). Psychology literature has explored related constructs over time. Rogers (1961) discussed unconditional positive regard, while Ellis (2005) discussed unconditional self-acceptance as a construct more powerful

than self-esteem. The refinement of the concept is that in addition to accepting oneself with kindness and nonjudgment as Rogers (1961) proposed, self-compassion is viewed more broadly in that it involves emotional composure and recognition of interconnectedness with other human beings. Inherent to self-compassion is the concept of belongingness, which also has been long established in psychology literature. For example, self-determination theory (Deci & Ryan, 2002) has postulated that relatedness or belonging is an innate, universal need in humans while relatedness has been connected to intrinsic motivation, well-being, and social development (Ryan, Deci, Grolnick, & LaGuardia, 2006).

Self-compassion involves the desire for the self's health and well-being, and is associated with greater personal initiative to make needed changes in one's life. Because self-compassionate individuals do not berate themselves when they fail, they are better able to admit mistakes, modify unproductive behaviors and take on new challenges (Neff, 2011). In a study of self-compassion in classroom settings, for instance, Neff, Hseih, and Dejitthirat (2005) found that self-compassion was positively associated with mastery goals for learning and negatively associated with performance goals. Thus, self-compassionate individuals are motivated to learn and grow, but for intrinsic reasons-not because they want to garner social approval (Neff, 2009).

The research that Neff and colleagues have conducted over the past 10 years shows that self-compassion is a powerful way to achieve emotional well-being and contentment in our lives. By giving ourselves unconditional kindness and comfort while embracing the human experience, difficult as it is, we avoid destructive patterns of fear, negativity, and isolation. At the same time, self-compassion fosters happiness and

optimism. The nurturing quality of self-compassion allows us to flourish and appreciate the beauty and richness of life, even in hard times. When we soothe our minds with self-compassion, we're better able to notice what's right as well as what's wrong, so that we can orient ourselves toward that which gives us joy. Self-compassion provides an island of calm, a refuge from the stormy seas of endless self-judgment (Neff, 2011). Learning to be self-compassionate appears to bring the same benefits as learning how to be Self-led from the IFS perspective.

### **Self-Compassion Outcomes**

As therapists, being self-compassionate protects against unethical practices, such as acting out countertransference reactions, by increasing the likelihood of recognizing inappropriate reactions to clients before any action is taken (Chapman et al., 2003; Lammert, 1986; Ringel, 2003; Porter, 1995). Additionally, a belief in human interconnectedness is likely to sustain the therapist's empathy and continued commitment to serve those who may be less fortunate but no less human (Ying, 2008). It may protect therapy students from self-doubt when faced with particularly challenging clients (Deal & Hyde, 2004; Montcalm, 1999). Finally, the practice of self-kindness may provide therapy students with the necessary self-care to embrace and benefit from their education currently and to thrive in the profession in the future.

In addition, self-compassion appears to serve as an emotional regulation strategy that transforms negative emotions and thoughts into self-acceptance, thereby decreasing depression and anxiety and enhancing happiness, life satisfaction, and self-esteem (Gilbert & Proctor, 2006; Neff, 2003; Neff, Kirkpatrick, & Rude, 2007). In Ying and Han's study (2007), mindfulness specifically was negatively associated with perceived

stress level, whereas common humanity was positively associated with effective coping. Self-compassion has also been empirically linked to the characteristics of curiosity and exploration, initiative taking, and extroversion, all of which result in greater functional competence (Neff, Rude, et al., 2007).

Self-compassion is relevant to all personal experiences of suffering, including perceived failures, inadequacies, and painful life situations more generally. Research indicates that individuals who are self-compassionate demonstrate better psychological health than those who lack self-compassion. For instance, greater self-compassion has consistently been found to predict lower levels of anxiety and depression (Neff, 2012), which may be related to the finding that self-compassion tends to decrease cortisol and increase heart-rate variability (associated with the ability to self-soothe when stressed; Rockliff, Gilbert, McEwan, Lightman, & Glover, 2008). Greater self-compassion is also linked with less rumination, perfectionism, and fear of failure (Neff, 2003; Neff et al., 2005). At the same time, self-compassionate people are less likely to suppress unwanted thoughts and are more willing to acknowledge their negative emotions as valid and important (Leary et al., 2007; Neff, 2003).

As cited in Neff and Germer (2013), Self-compassion is associated with positive psychological strengths such as happiness, optimism, wisdom, curiosity and exploration, personal initiative, and emotional intelligence (Heffernan, Griffin, McNulty, & Fitzpatrick, 2010; Hollis-Walker & Colosimo, 2011; Neff, Rude, & Kirkpatrick, 2007). Another strength of being self-compassionate is the ability to cope effectively with life stressors such as academic failure (Neff et al. 2005), divorce (Sbarra, Smith, & Mehl, 2012), childhood maltreatment (Vettese, Dyer, Li, & Wekerle, 2011), or chronic pain

(Costa & Pinto-Gouveia, 2011). Self-compassionate individuals have been found to have improved relationship functioning (Neff & Beretvas, 2012), and also report more empathetic concern, altruism, perspective taking, and forgiveness (Neff & Pommier, 2012). Self-compassion also promotes health related behaviors such as sticking to one's diet (Adams & Leary, 2007), reducing smoking (Kelly, Zuroff, Foa, & Gilbert, 2009), seeking medical treatment when needed (Terry & Leary, 2011), and exercising (Magnus, Kowalski, & McHugh, 2010).

Additionally, Longe et al. (2009) found that intentionally cultivating self-compassion stimulates parts of the brain associated with compassion more generally. The current results suggest that enhancing the capacity to respond to suffering with caring concern is a general process applied to both oneself and others, so that self-compassion and compassion for others go hand in hand (Neff & Germer, 2013). Therefore, the outcomes of increasing self-compassion can greatly contribute to self-of-the-therapist work in MFT training programs.

### **Internal Process of Novice Therapists**

Cognitive theorists have suggested that what we say to ourselves affects our behavior (Mahoney, 1993; Meichenbaum, 1977; Watson & Tharp, 1989) and that our internal cognitions serve as a guide for responding to and actively manipulating the environment (Adams, 1971; Marr, 1982; Shepard, 1984). Meichenbaum (1977) has described human dysfunction as arising mainly from self-debilitating internal dialogues. In other words, people can talk themselves into depression, anxiety, anger, fear, and feelings of failure (Beck, 1976; Beck & Emery, 1985; Beck, Laude, & Bohnert, 1974; Ellis, 1973).

Although many theorists have suggested that self-awareness is an important and helpful quality in therapists (Jennings & Skovolt, 1999; Mahoney, 1998), particularly in psychoanalytic and psychodynamic literatures (e.g., Gill, 1983; Hewitt, 1952), most theoretical articles have focused on self-awareness as general self-knowledge (defined as a broad self-understanding, an overall awareness of our personality, biases, and emotions). Intuitively, it makes sense that to be a skilled therapist, one should be aware of one's own personal traits, strengths and emotional triggers as much as possible. Novice therapists, in particular, may be prone to negative thoughts about their performance because they are just learning to do therapy. Thoughts such as "I really messed up that intervention" or "I'm doing a terrible job" may be related to perceptions the therapist has about a particular session with a client. Past research has shown that therapists are generally more critical of their interventions and helpfulness than are clients (Elliott, 1985; Elliott, Barker, Caskey, & Pistrang, 1982; Hill et al., 1994). It has been argued that, in addition to learning basic interview skills, novice therapists need to learn how to manage distracting feelings and reactions during counseling sessions (Van Wagoner, Gelso, Hayes, & Diemer, 1991; Williams, Judge, Hill & Hoffman, 1997).

Frediani and Rober (2016) found that novice therapists indicated self-criticism as a hinderance in their sessions. In certain ways, their stern self-critical remarks seemed similar to what is referred to in the literature as the inner critic (Stinckens, Lietaer, & Leijssen, 2002, 2013): "The inner critic symbolizes the strict, inner normative voice that interferes with the individual's organismic experiencing process" (Stinckens et al., 2013, p. 59). The inner critic usually presents itself in a characterizing way: It is not nuanced, stern, and sometimes really devastating. The impact this can have is to cause therapist to

lose their focus on the session as they are focusing too much on themselves, instead of on being attuned with the family (Frediani & Rober, 2016).

Similar to those in Frediani and Rober's (2016) study, novice therapists also tend to focus on their self-talk rather than their clients' reactions and thus may be less able to decode client behavior. Thus, therapist self-talk may interfere with therapists' ability to concentrate on client reactions and may be related to an inflated perception of the proportion of client reactions that are negative. This would greatly hinder novice therapists' ability to attune with their clients (Nutt-Williams & Hill, 1996).

Nutt-Williams et al. (2013) found that novice therapists reported feeling lost, confused, anxious and overwhelmed. This is consistent with the literature, which suggests that therapists-in-training often experience negative and self-focused feelings and reactions, such as performance anxiety (Friedlander, Keller, Peca-Baker, & Olk, 1986). Similarly, novice therapists tended to report self-critical thoughts (Morran, Kurpius, & Brack, 1989; Nutt-Williams & Hill 1996).

The major catalyst for the intense stress faced by the novice therapist is the inherent ambiguity of professional work. The examination, understanding, and improvement of the emotional life of humans-the most complex of all species-is much more difficult than the novice therapist can imagine. To understand the ambiguity of the human condition, practitioners must use thinking patterns that are not linear, logical, or sequential. Expertise within the web of ambiguity takes years to master (Skovholt & Ronnestad, 2003).

Beginning therapists of many professions and theoretical orientations from a variety of countries feel overwhelmed early in their careers (Orlinsky & Ronnestad,



2001). They lack the professional confidence that buffers the experience of anxiety when difficulties are encountered. The anxiety of self-consciousness, which leads to focusing on oneself, makes it more difficult to attend to the complex work tasks. Therapist anxiety impacts the quality of the work because attention cannot be directed toward optimally relating to the client. The individual's attention is directed toward reducing the external visible effects (e.g., trembling and wet hands, unsteady voice) and lowering the internal anxiety so one can think effectively (Skovholt & Ronnestad, 2003).

One novice therapist in Skovholt and Ronnestad's (1995) research study said, "At times I was so busy thinking about the instructions given in class and textbooks, I barely heard the client" (p. 27). In addition to pervasive performance anxiety, the novice therapist may experience specific fears such as being speechless, with no idea what to say in reaction to a specific client's concern. Together, anxiety and fear about the unknown can seriously heighten the stress level for the novice therapist (Skovholt & Ronnestad, 2003).

The idea that therapists' cognitions are an important part of the therapy process was supported by the results of Nutt-Williams (1993) study in that there was a significant relationship between what therapists were thinking and their perceptions of the therapeutic process. In addition, the suggestions of other researchers (Borders et al., 1988; Fuqua et al., 1986; Kurpius et al., 1985; Morran, 1986; Morran et al., 1989) that self-talk may be an important factor in beginning therapists' perceptions of their clinical performance was also supported. The results suggest the importance of both the awareness and management of therapists' self-talk in relation to their perceptions of themselves and their clients (Hill et al., 1993).

Williams et al. (1997) found that trainees who had difficulty managing their internal reactions often engaged in negative or incongruent behaviors (such as displaying annoyance, becoming overly directive, etc.). They also mentioned the importance of self-care, including using their own personal therapy, as a way to help themselves become better at managing their reactions with their own clients.

### **Internal Family Systems Therapy**

Regardless of the theoretical model being practiced, therapists in training are now taught to attune to the emotions of their clients and respond genuinely. The concept of transference is widely accepted and most clinicians are aware that the therapeutic relationship can evoke clients' extreme beliefs and feelings (Schwartz, 2013). Therapy is viewed as a way to transform these beliefs through a safe and healthy experience. Many psychotherapists believe that deep healing takes place when a client who expects to be humiliated or rejected experiences the therapist's acceptance and love instead. In Internal Family Systems Therapy, an empirically validated model, the therapist forms a collaborative relationship with the client so that the client senses they are truly cared for and not alone in their inner or outer journeys (Schwartz, 2013).

Because of this view, therapists can collaborate with clients rather than teach them. The IFS model enables clients to discover themselves through a compassionate lens (Schwartz, 1995). In IFS therapy, the Self is that good, healing energy that the therapy process "brings forth" when it is successful. These attributes of Self are consistent with Eastern philosophy and teachings on self-efficacy and self-acceptance (Mones & Schwartz, 2007). The key to being a Self-led therapist is to have a deep awareness and understanding of one's own internal experience.

The empowering aspect of the IFS model is the assumption that every person has inner strength and that they have the resources to help themselves. Issues arise when they are constrained by polarized relationships within themselves. IFS is a practice that, similar to mindfulness meditation, cultivates an awareness of what is happening internally. It is a model of attachment because it fosters secure attachments between Self and parts (Schwartz, 1995). In Internal Family Systems, a “part” is the experience of having different states of mind that have unique sets of thoughts, feelings and behaviors. The idea is that we have ongoing, complex relationships with many different inner voices, thought patterns, and emotions that are similar to the relationships we have with people. Simply thinking can be thought of as an internal dialogue between different parts. All parts want something positive for the individual and will use a variety of strategies to gain influence within the internal system (Schwartz, 1995).

Parts that are addressed in therapy have become extreme by carrying “burdens”. Burdens are energies that are not inherent in the function of the part such as extreme beliefs, emotions, or fantasies. They accumulate from past trauma and force aside the original quality of the part (Schwartz, 1995). Parts can be helped to unburden and return to their natural balance in IFS therapy. What often happens is that parts lose trust in the leadership of the Self, which causes them to blend and take over the Self. Qualities of Self include the following: calm, curiosity, compassion, confidence, courage, clarity, connectedness, and creativity. In IFS therapy, we assess for these qualities in our clients in order to track their progress towards Self-leadership (Schwartz, 1995).

A goal of IFS therapy is to help unblend and unburden the extreme parts, leading the person to become Self-led. In order to achieve balance and harmony within the

internal system, Self must be differentiated from parts so that Self can be an effective leader in the system. When Self is in the lead, the parts will provide input to the Self, but will respect the leadership and ultimate decision making of the Self (Schwartz, 1995). A metaphor for the harmony of this relationship is to look at Self as the conductor of an orchestra and the parts as the instruments. The conductor tells which instruments to step up and perform, but ultimately Self, or the conductor, is in charge.

For everyone to some degree, “the healing energy of Self is blocked as a result of traumatic emotional experiences, imperfect caretaking, and existential anxiety. As a result, we carry sadness, fear, shame, and emotional pain that is not fully metabolized because we were too young and ill-equipped to process it and because parents were not fully available and not fully capable in helping us through these experiences due to their own constraints on Self-energy. The residue of this emotional pain is labeled as an Exile in this model. For our survival, the full experience of Exiles is felt to be too overwhelming so they are compartmentalized and guarded at all costs” (Mones & Schwartz, 2007).

To help isolate the emotional pain of an Exile, two types of parts are activated. One is called a Manager. A Manager emphasizes internal and interpersonal control in order to keep the person far away from their painful memories. Although the Manager protects the Self from this pain, new difficulties end up being created in the process, which is what is addressed in IFS therapy. Another set of protective parts is called Firefighters. These parts also serve to protect the Self from pain, but they provide quick fixes such as substance abuse, self-harming behavior, etc. Managers and Firefighters play

a dominant role in our internal system, and when overworked, they will end up creating new constraints on our mental health (Mones & Schwartz, 2007).

The process of IFS therapy is to help guide the Self back to its leadership position within the internal system. In order for Managers and Firefighters to step down from their protective roles, they need to be differentiated from Self. The Self must acknowledge that all parts are welcome and have good intentions but do not need to be in this role of protection anymore. Once the Managers and Firefighters agree to step down from those roles, the work then continues with unburdening the Exiles, which leads to emotional freedom for the entire system. The IFS model makes the assumption that Self has all the necessary qualities for effective leadership, but is constrained by parts that are afraid to differentiate fully from it. Once the Managers and Firefighters feel safe to differentiate, the Self can once again take the lead (Schwartz, 1995).

The Self has the clarity of perspective and other qualities that are needed to lead effectively. When Self is fully differentiated, people describe feeling centered, in a state of calm well-being and lightheartedness. They feel confident, free, open-hearted and present. Psychologist Mihalyi Csikszentmihalyi (1990) has studied this state of mind, which he calls flow. Flow is characterized by:

“a deep concentration and absence of distracting thoughts; a lack of concern for reward other than the activity itself; a sense of confidence, mastery, and well-being; a loss of the sense of time or of self-consciousness; and a feeling of transcendence. Csikszentmihalyi found that people involved in focused activities around the world described this same state, and he has concluded that it is a universal human experience. Thus it is not just through sitting in meditation that

people can experience flow (or what is called Self-leadership in this book). They can be actively engaged in their lives while in this mind set-a state the Buddhists call mindfulness. The Self, then, is not only a passive witness to one's life; it can also be an active leader, both internally and externally" (Schwartz, 1995, p. 37).

When in this state of flow, a person feels more connection to not only themselves, but also to other people. This state creates a sense of ultimate commonality and compassion. Thus, helping people differentiate the Self not only helps them harmonize their inner worlds, but also decreases the feeling of difference or isolation among people and builds connectedness (Schwartz, 1995). This can be directly related to Neff's definition of Self-compassion, in that self-kindness and common humanity are essential components of practicing Self-compassion.

Internal Family Systems has been empirically examined in terms of the relationship between Self-leadership and psychological, health, and work outcomes (Dolbier, Soderstrom, & Steinhardt, 2001). Results of this study revealed that Self-leadership was significantly related to a more effective coping style, favorable personality characteristics, and enhanced work and health outcomes. Furthermore, Self-leadership was positively related to optimism in participants (Dolbier et al., 2001). These findings have led to an opportunity in the literature to further study the impact that learning about IFS has on novice therapists.

### **Internal Family Systems and Self-of-the-Therapist**

Self-energy has tremendous transformative power. When a client experiences the compassion and acceptance of the therapist's Self, they heal (Schwartz, 2013). Maintaining Self-leadership in the presence of extreme protectors is not easy because the

client is not the only one in the room who has protectors. Whether we notice it or not, we are regularly triggered by our clients. Therefore, we must gain an understanding of our own internal world in order to best serve our clients' needs. Most therapists decide to go into this field because they are wounded healers (Schwartz, 2013). For example, many of us have our own inner critics who attack us for making mistakes and hate the weakness and neediness of our exiles. These critics can be polarized with angry parts who defend our exiles from inside and attack anyone who judges us. When a client is weak or needy, tells us that we are mistaken, or challenges our competence, they inadvertently stumble into the middle of our own internal war. Some of us were led to be therapists by extreme caretaker parts who developed their self-sacrificial, overly responsible roles as children. These caretaker parts are often polarized with parts who are tired of worrying about everyone else and want people to quit complaining and leave us alone. Sometimes it does not take much for clients to trigger a part who makes us try too hard or one who gives our clients the message that they want too much from us, that we are frustrated with their demands. There are a myriad of other vulnerabilities and common polarizations inside of therapists that clients can innocently activate (Schwartz, 2013).

This process is one that most therapists unknowingly experience. Many therapists are triggered by extreme parts in their clients and interpret the emergence of these protectors as signs of pathology. Others react by trying harder to care take, becoming obsessed with the client and expanding their boundaries beyond their comfort level but finally feeling resentful (Schwartz, 2013).

Due to the intimacy of a therapist's work, one's own parts are bound to be triggered at times. The vulnerability of helping clients feel safe enough to go to their

exiles can result in the emergence of all kinds of parts in both the client and therapist. Ideally, when that happens, the Self-led therapist can get his or her own parts to step back during the session. After the session, it can be helpful for the therapist to check in with their own parts to continue learning and growing in their own internal work. Not only does this help the therapist on their own journey, but also this reflection after a session can make for one less landmine for clients to run into. To catch oneself in a part, one needs to have a sensitive parts' detector focused on one's internal system (Schwartz, 2013).

The goal of this internal work as a therapist-in-training is not so that the therapist can practice solely the IFS model for the rest of their career. The idea is that becoming familiar with one's own internal world will make them a better therapist no matter what modality they choose to practice. The Self-led therapist is similar to the description of a good leader given by Lao Tsu in the *Tao Te Ching* centuries ago: "A leader is best when people barely know that he exists, not so good when they obey and acclaim him, worst when they despise him. Of a good leader, when his work is done, and his aim fulfilled, the People will say, 'We did this ourselves'" (Schwartz, 1995, p. 41).

### **Summary**

This current mixed-methods study will contribute to the foundation of data to explore the potential use of learning about IFS to build self-of-the-therapist work by increasing self-compassion and internal awareness in novice therapists. Self-compassion in MFT training has received scant attention, and researchers can benefit from an exploratory lens to gather as much data as possible to understand this process.



### **Chapter III: Methods**

#### **Design of the Study**

Creswell (2007) suggests that qualitative studies are best for little studied phenomena while quantitative studies can build on qualitative data. Further, Creswell (2009) identified a mixed-methods study as one with enhanced strength compared to the use of either the quantitative or qualitative method alone. The research method conducted for this study was a convergent triangulation (Creswell, 2009). It brought the data together in order to offer a theory and better understanding of the role of IFS in building self-compassion and internal awareness in novice therapists. The convergent triangulation involved simultaneously collected qualitative and quantitative data.

Grounded theory's emergent nature assisted in identifying concepts and themes regarding the novice therapist's experience in learning about IFS while the quantitative scale described IFS's impact on self-compassion and internal awareness in novice therapists. No published research had been conducted on self-compassion in training MFTs. This study contributes to elaborate and create a foundation for training MFTs in order to build self-compassion and internal awareness in novice therapists.

Grounded theory was well suited for reflecting the impact of learning about IFS on novice therapists' self-compassion and internal awareness because the approach served to create theory that was intimately linked to the reality of the individuals studied. Through a process of constant comparison and reduction, this method allowed for the development of theory grounded from well-defined concepts that emerged directly from the phenomena under investigation (Charmaz, 1995).

**Participants**

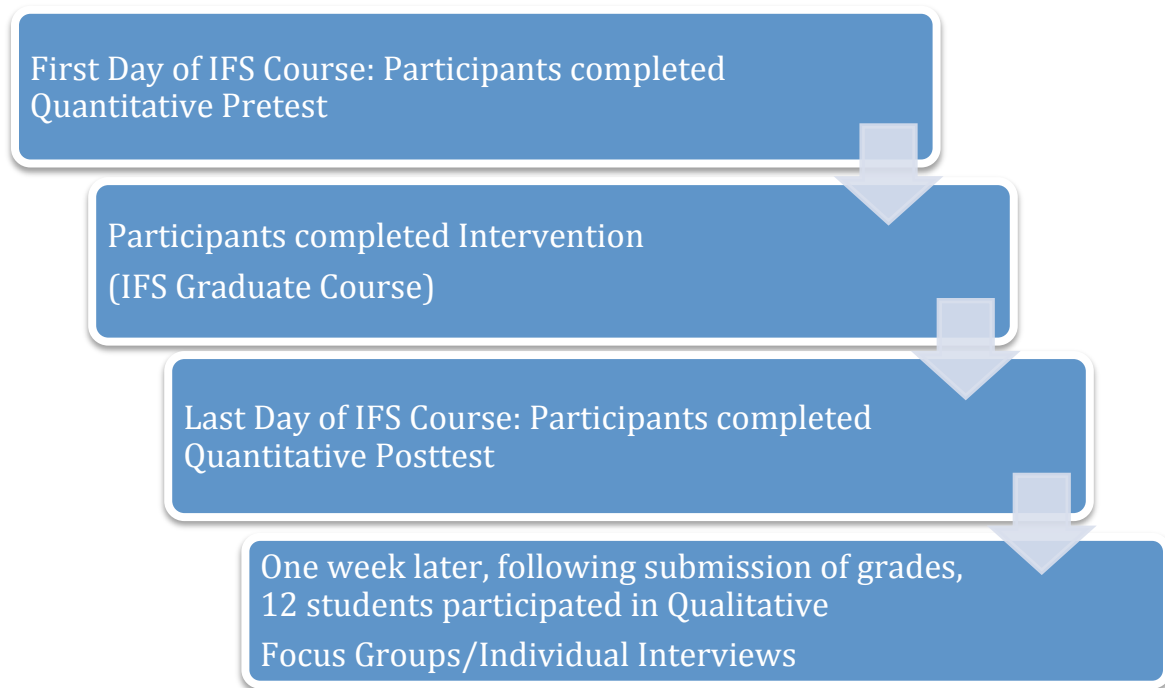
Criterion sampling was used to select participants within an IFS graduate course to fulfill the understanding of how learning about IFS impacts self-compassion and internal awareness in novice therapists. A sample of 23 masters' of MFT students, enrolled in an IFS course were recruited at a public university in the eastern United States. Demographics such as age, gender, race and status in the MFT program were assessed to describe the sample.

**Procedures**

Because the study was conducted in the context of a graduate course, several safeguards were used to protect the participants' confidentiality. These included anonymous questionnaires and data collection procedures, transcription of questionnaire responses, and coding and recoding of the cases to disguise participants' identities as much as possible.

Trainees were advised about their potential role in the study and that participation in the study was voluntary. The right to withdraw from the study at any time was discussed with the participants, and they were informed that participation had no bearing on their grade in the course. In fact, to further protect the confidentiality of the participants, data analysis began only after the completion of the course and submission of grades. Trainees assigned themselves a confidential code for use throughout the semester on all questionnaires. Below is a flow chart describing the timeline of study procedures.

*Figure 1: Procedures Flow Chart*



## **Instruments**

### **Self-Compassion Scale**

Self-Compassion was measured by Neff's (2003) six Self-Compassion subscales, three with positively worded items and three with negatively worded items. The positive subscales were the four-item Mindfulness subscale (sample item: When I'm feeling down, I try to approach my feelings with curiosity and openness), the four-item Common Humanity subscale (sample item: When things are going badly for me, I see the difficulties as part of life that everyone goes through), and the five-item Self-Kindness subscale (sample item: I'm kind to myself when I'm experiencing suffering). The negative subscales were the four-item Overidentification subscale (sample item: When I'm feeling down I tend to obsess and fixate on everything that's wrong), the four-item Isolation subscale (sample item: When I'm feeling down I tend to feel like most people

are probably happier than I am), and the five-item Self-Judgment subscale (sample item: I'm disapproving and judgmental about my own flaws and inadequacies).

The items were rated on a 5-point Likert-type scale, with 1 indicating *almost never* and 5 indicating *almost always*. Higher scores reflected greater endorsement of the construct. The Self-Compassion Scale has a good internal consistency reliability of .92 (Neff, 2003) and .94 (Neff et al., 2007) along with good test-retest reliability ( $r=.93$ ) (Neff, 2003). Further, the Self-Compassion Scale demonstrates good discriminant validity because it does not correlate with social desirability or narcissism and good convergent validity because it correlates with a host of positive constructs such as life satisfaction and connectedness to others (Neff, 2003).

#### **Five Facet Mindfulness Questionnaire (FFMQ)**

The Five Facet Mindfulness Questionnaire (FFMQ) was used as a mindfulness measure. The FFMQ is a 39-item questionnaire that evaluates mindfulness in five facets: (1) observing (noticing or attending to external and internal experiences -e.g., body sensations, thoughts or emotions-), (2) describing (putting words to, or labeling the internal experience), (3) acting with awareness (i.e., focusing on the present activity instead of behaving mechanically), (4) non-judging the inner experience (i.e., taking a non-evaluative stance towards thoughts or emotions), and (5) non-reactivity to inner experience. Participants were asked to rate the degree of concordance with each statement on a five point-likert scale ranging from one (never or very rarely true) to five (very often or always true).

Nineteen items were reversed, and all items were then summed to yield an overall mindfulness score. Higher scores indicated higher levels of trait mindfulness. The FFMQ

has demonstrated good internal consistency in previous samples (Cronbach's alphas ranging from .79 to .93; Caldwell, Harrison, Adams, Quin, & Greeson, 2010) as well as good construct validity across several studies (Baer et al., 2008; Heeren, Douilliez, Peschard, Debrauwere, & Philippot, 2011; Lilja et al., 2011; Van Dam, Earleywine, & Danoff-Burg, 2009).

### **Professional Quality of Life Scale (ProQOL) Version 5**

The ProQOL is a 30-item self-report survey that includes three subscales: Compassion Satisfaction (CS), Compassion Fatigue (CF), and burnout (Figley & Stamm, 1996). Testing for convergent and discriminant validity have demonstrated that each scale measures different constructs (Stamm, 2010). Each subscale is distinct, and the results of each subscale cannot be combined to give a single significant score. Stamm (2010) reported psychometric properties with an  $\alpha$  reliability ranging from .84 to .90 on the three subscales. The interscale correlations showed 2% shared variance ( $r = -.23$ ;  $\text{co-}\sigma = 5\%$ ;  $N = 1,187$ ) with CF and 5% shared variance ( $r = -0.14$ ;  $\text{co-}\sigma = 2\%$ ;  $N = 1,187$ ) with burnout. Each subscale had 10 question items and used a 5-point Likert scale scoring from 1 = never to 5 = very often (Stamm, 2010). Stamm (2010) has previously established the construct validity and reliability of the ProQOL. The scores of the ProQOL for each subscale were totaled using Stamm's validated levels: a CS score of 22 or less denotes low levels of CS, a score of 23–41 indicates average levels, and 42 and above suggests high levels of CS. For CF and burnout, a score of 22 or less indicates low levels, 23–41 indicates average levels, and a score of 42 and higher reveals high levels of CF and burnout.

The ProQOL tool was first developed in 1995 and has been used, revised, and updated over time. The ProQOL 5 was used to examine the prevalence of CS and CF in novice therapists in this study.

### **Focus Group/Individual Interview**

After participants completed the quantitative scales, they were invited to participate in a focus group or an individual interview. Three focus groups and three individual interviews were conducted. The focus groups consisted of between 2-4 people. A total of 12 participants from the IFS course participated in individual interviews or focus groups. Each focus group/individual interview was between 20-70 minutes in length. Below is a list of the questions that were discussed in the focus group:

1. How, if at all, has the experience of learning about IFS helped you become aware of your internal process? What impact did this have on you, if any?
2. Do you experience being in Self? And if so, how do you experience being in Self and how do you make sense of it? What impact has the recognition of being in Self had on your internal process, if any?
3. How, if at all, has the experience of learning about IFS impacted your relationships in terms of how you interact with people? For example: clients, significant others, family, friends, etc.
4. How has your relationship with your own parts changed as a result of learning IFS, if at all?
5. Tell me about a time when you were able to differentiate when you were leading from your parts versus your Self.

6. Have you noticed a shift in your ability to be self-compassionate, as you have learned about your internal process?
7. How, if at all, has IFS changed your view of your role as a therapist?
8. In what ways, if any, has learning about IFS made things more difficult?
9. What else would you like to say about your overall experience learning about IFS?

### **Analyses**

The descriptive quantitative data were interpreted in conjunction with the qualitative data of the impact that learning about IFS has on novice therapists' self-compassion and awareness of internal process. Quantitative data were collected to determine the impact learning about IFS has on novice therapists' self-compassion and awareness of internal process, therefore contributing to their self-of-the-therapist work. Neff's Self-compassion scale, Five Facet Mindfulness scale, and ProQOL 5 scale were used to descriptively assess self-compassion, mindfulness, and professional quality of life in novice therapists before and after taking an IFS graduate course.

A paired dependent t-test was conducted to compare the pretest and posttest data from the intervention participants. Significant differences before and after the intervention regarding participants' self-compassion, mindfulness, and professional quality of life were found in the data.

Next, the qualitative grounded theory tradition of creating themes via combining and comparing categories was used to identify a central phenomenon and to create theories of training novice therapists in self-compassion and awareness of internal process (Corbin & Strauss, 2008). Open, axial, and theoretical coding were used (Corbin & Strauss, 2008). Notes were made by the researcher in all interview transcripts. Data

were then examined line by line to create open coding categories. One category was selected as the central phenomena based on the most saturated category. This category was built upon via axial coding. Subcategories explaining the central phenomena were created as connections were made between categories. Data were then reevaluated to identify new insights. Data were then cross-coded with advisor.

Theoretical coding was then conducted for each of the qualitative subquestions. These categorical data were organized into a coding paradigm that allowed the researcher to create theories of training MFTs in self-compassion and awareness of internal process through learning about IFS. Hypotheses were then formulated and the researcher created a diagram to visualize the full picture of the data related to the central phenomena.

Finally, patterns in the quantitative data were compared and contrasted to the qualitative data of the central phenomena and its subcategorical codes. The similarities and differences between the merged qualitative and quantitative data will be discussed.



## **Chapter IV: Results**

### **Intervention Development and Description**

The IFS graduate course, developed by Angela Huebner, PhD, LMFT, includes activities and education designed to promote self-of-the-therapist work in the context of learning the Internal Family System's (IFS) model. The class met for 2 hours and 50 minutes once a week for 16 weeks. The basic theory and techniques and clinical application of the IFS model of therapy was presented. This highly experiential course emphasized mastery of the concepts as well as application of the concepts in exploration of the student's own "internal family system" and working with clients. The objectives of the course were for students to: 1. Develop an understanding of the conceptual framework of the IFS model; 2. Use this model to explore their own personal internal family system; 3. Learn to apply the IFS model to working with clients (individuals, couples, families) utilizing the techniques of the model; 4. Recognizing which of their parts become triggered with different clients; 5. Be able to assess and develop treatment strategies for their clients using the IFS model; and 6. Be able to locate this model within the framework of interpersonal neurobiology.

### **Researchers**

The research team for the study consisted of two Caucasian women who served as coders and took part in the peer debriefing process. The first author is a third-year Marriage and Family Therapy student and is currently participating in Level 1 training of the IFS model. The second author is the professor of the IFS graduate course being studied. She is an LMFT, PhD, and certified IFS therapist.

### **Participant Demographics**

Twenty-three participants completed both pretest and posttest surveys for this study. Participants' ages ranged from 22 to 54 years old. Of the 23 participants, 1 participant was male and 22 were female. 18 participants identified as Caucasian, three as Asian American, and two as African American. Twenty-one participants were full-time students in Virginia Tech's MFT program, while two participants were part-time students. Of the full-time students, eight were in their first year, seven in their second, and six in their third year of the program.

Of those 23 participants, 12 participated in individual interviews and focus groups for the qualitative portion of the study. Of the 12 participants interviewed, 11 were female and 1 was male. Of the 12 participants, 10 identified as Caucasian, one as Asian American, and one as African American. All focus group/individual interview participants were full-time students in Virginia Tech's MFT program. Six participants were in their third year, four in their second year, and two in their first year of the program.

### **Quantitative Results**

To examine the impact of the IFS curriculum, surveys were administered to determine if there were significant differences before and after the intervention regarding participants' self-compassion, mindfulness, and professional quality of life. A paired dependent t-test was conducted, as illustrated in Table 1. With the exception of four items, paired sample t-tests revealed significant differences among participants' scores on survey questions related to each of the 14 content areas.

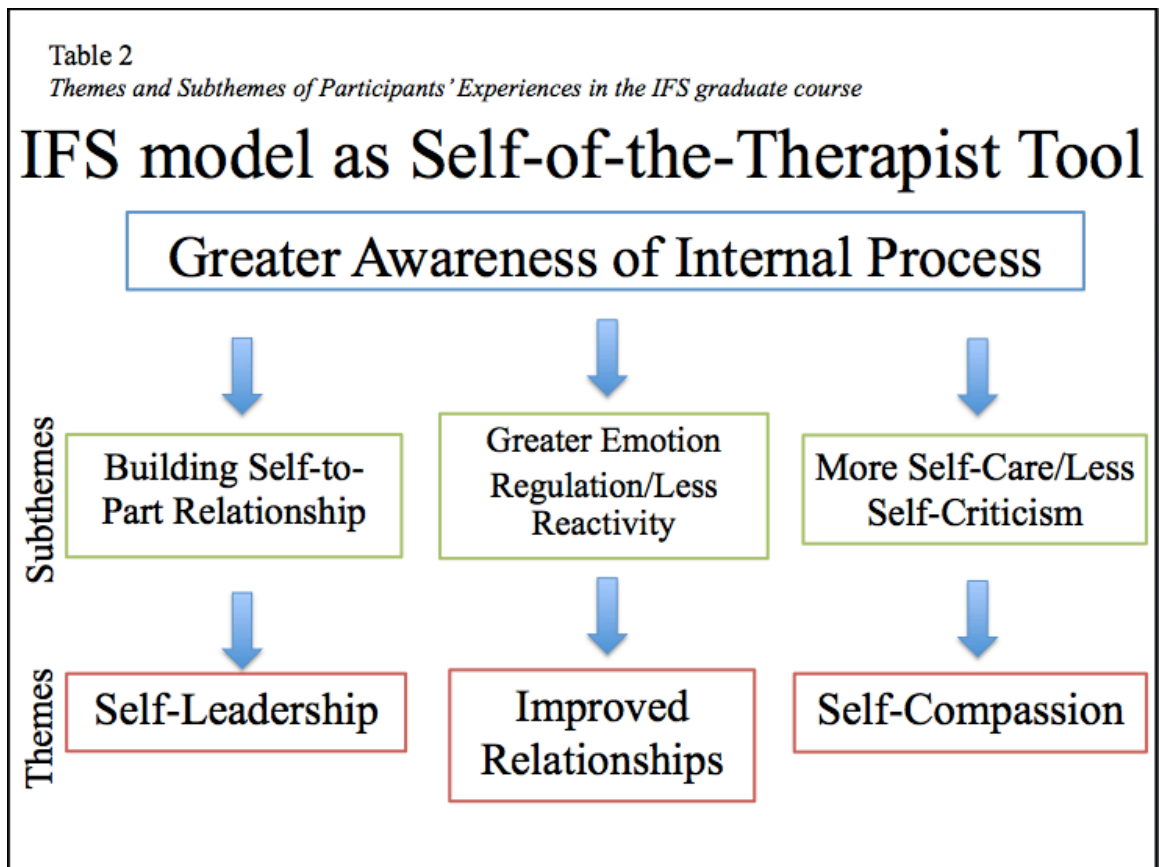
*TABLE 1*  
*Results of t Tests Comparing Pretest and Posttest Survey Results from IFS*  
*graduate course (N=23)*

Survey	Subscale	Pretest		Posttest		t
		M	SD	M	SD	
Self-Compassion Scale	Self-Kindness	3.22	0.64	3.72	0.72	-3.19**
	Self-Judgment	2.73	0.87	3.5	0.68	-5.29**
	Common Humanity	3.52	0.79	3.96	0.69	-2.26*
	Isolation	3.14	0.77	3.36	0.88	-1.64
	Mindfulness	3.27	0.77	3.78	0.6	-3.85**
	Over-identification	2.36	0.71	3.13	0.77	-5.53**
	Five Facet Mindfulness Questionnaire	Observe	3.66	0.72	3.89	0.67
Describe		3.62	0.93	3.97	0.8	-2.95**
Act with Awareness		3.27	0.74	3.46	0.78	-2.33*
Nonjudge		3.3	0.97	3.95	0.81	-5.55**
Nonreact		3.08	0.62	3.39	0.53	-2.52*
Professional Quality of Life (v.5)	Compassion Satisfaction	43	4.7	43.72	4.84	-0.77
	Burnout	18.91	5.36	17.95	4.85	0.92
	Secondary Traumatic Stress	20.82	4.59	17.86	4.22	3.89**
Note: Self-Compassion Scale Mean reflect rating on scale ranging from 1 (almost never) to 5 (almost always)						
Five Facet Mindfulness Questionnaire Mean reflect rating on scale ranging from 1 (never) to 5 (very often)						
Professional Quality of Life Scale Mean reflect rating on scale ranging from 1 (never) to 5 (very often)						
*p<.05 **p<.001						

Specifically, participants increased their Self-Kindness ( $p<.001$ ), decreased their Self-Judgment ( $p<.001$ ), increased their Common Humanity ( $p<.05$ ), increased their Mindfulness ( $p<.001$ ), and decreased their Over-Identification ( $p<.001$ ) from Neff’s (2003) Self-Compassion Scale. From the Five Facet Mindfulness Questionnaire, participants increased their ability to describe their experiences ( $p<.001$ ), increased their ability to act with awareness ( $p<.05$ ), increased their ability to be nonjudgmental ( $p<.001$ ), and increased their ability to be nonreactive. From the Professional Quality of Life Scale (version 5), participants reported a decrease in the level of secondary traumatic stress they reported as novice therapists ( $p<.001$ ). The only nonsignificant findings were Isolation from Neff’s Self-Compassion Scale, ability to observe one’s experience from the Five Facet Mindfulness Questionnaire, and Compassion Satisfaction and Burnout from the Professional Quality of Life (v. 5) Scale.

**Qualitative Results**

The core concept that appears to emerge from the data is that the IFS model is a valuable tool for building Self-of-the-Therapist by helping participants increase awareness of their internal process. Three overarching themes emerged from the data regarding the impact of learning the IFS model as a self-of-the-therapist tool. The following three concepts seemed to relate to participants’ experiences of learning IFS: (a) increase in Self-Leadership; (b) improved relationships; and (c) increase in Self-Compassion. Subthemes help to further explore the process of how they may have grown their self-of-the-therapist work. See Table 2 for a complete list of themes and subthemes. Note the use of pseudonyms to maintain participants’ confidentiality.



### **Self-Leadership**

Participants reported that as a result of the IFS course they changed in positive ways, including building a relationship between their Self and parts within their internal family system. In the IFS model, building a relationship with ones' parts and their Self in which the parts are able to trust in the Self to lead the system is defined as Self-Leadership. When participants are Self-led, they are able to differentiate parts which allows them to see their parts as only facets of themselves, rather than describing their entire being. Participant 3.1 described feeling Self-led as bringing peace to her system as it allows her parts to calm and trust in Self. Participants reported they were able to develop this Self-leadership by learning how to build a relationship between their parts and Self in the IFS graduate course.

Participant 5.4 described the benefits she has experienced from gaining Self-Leadership,

“It doesn't seem that the circumstances of your life are so much dictating your state of mind anymore. If you're in a mood or you have a problem or you're having a bad week, you think you are that mood or you are that bad week, and if you can't make sense of it inside, then you go outside and think, 'oh if only that thing hadn't happened then I'd be happy'. It can really get a life of its own, and with IFS, you don't even have to go there because you can look inside, and make the change inside. I mean there is still an element, of course we all want things to happen a certain way, and certain circumstances do make us happier than others, but this just doesn't, it was sort of knee-jerk. I mean it was knee-jerk for me to

think of, when this is over, when this storm of my life is over, then I can be happy. It's less of a need to do that.”

*Building Self-to-Part Relationship.* Participants reported more awareness of times when they were leading from a part versus Self and experienced their parts as beginning to trust in Self enough to be Self-led. Participants reported internal dialogue between Self and parts, which they had not previously been able to recognize. Participant 5.3 described that before he had awareness of his parts, they were like unsupervised children running around. He reported that once he learned IFS and gained awareness of his internal system, he was able to build a relationship with his parts, which allowed them to function better and trust in his Self. Participant 5.1 reported that once she understood the function of her parts, she was able to understand their experiences versus trying to numb them out as she had done before taking the IFS course. Participant 5.4 described a great fear she has of bridges, after having a panic attack going over the Bay Bridge years ago. She described how building a relationship between her Self and her anxious part allowed her anxious part to trust in her Self and help her bike over a bridge.

Participant 3.1 discussed how learning to be Self-led has impacted how she views her role as a therapist. She reported that she now values curiosity and doesn't hold so tightly to her own agenda in session, which allows her to stay present with her clients' experiences in the moment. Similarly, Participant 4.1 reported that she feels more connected to her clients in the room since learning the IFS model. She explained that since taking the IFS course, she is able to slow down in session and trust in her own instincts as a therapist.

Participants revealed that due to their greater awareness of their internal process, they were able to begin developing relationships between their parts and Self, which led to more trust in Self in their internal system. Participants reported being able to recognize the difference when they were leading from parts versus their Self, which allowed them to function at what they considered a higher level of being.

### **Improved Relationships**

*Greater emotion regulation/less reactivity.* Throughout the IFS course, participants reported noticing that they could more easily let thoughts and emotions go, that they took issues less personally, they could better manage their stress, and did not react with frustration or anger to the same degree that they would have in the past. They reportedly saw changes in how they responded to situations with clients, family, friends, significant others, and co-workers. For example, Participant 1.1 described her ability to check in with her parts and carefully choose her response to an aggressive client rather than being reactive in the moment. She reported that she was able to use this skill after gaining awareness of her internal process in the IFS course.

Participant 2.1 described the shift in interaction as the sense of connection felt within the therapeutic relationship. She explained that how she experiences Self-energy as being in the flow and completely attuned to her client without getting caught up in distractions or her own thoughts. Similarly, Participant 5.2 reported that the sessions where she feels she was most effective were when she was able to operate from Self. She described the feeling of connection with the client when she is in Self, and the ability to stay present and not get distracted by her anxious thoughts regarding the therapy training process.

Participant 5.4 described the impact on her personal relationships, as feeling more open to her loved ones. She reported that when she operates out of her parts, she interprets their actions through that part's lens and develops a strategy to engage as she scans for threat. When operating out of Self, she reported that she does not feel a need to protect herself in interactions, which has enriched her relationships.

Participant 5.1 described this greater awareness of her internal process as benefitting her ability to have less reactivity when interacting with her parents, and that she now sees herself as a better listener. Participant 6.1 discussed how knowing her own parts has allowed her to better interact in triggering situations because she imagines parts interacting with parts rather than feeling blended. Participant 6.2 also found that having a greater awareness of her own internal process has allowed her to better manage her interactions by having more empathy and understanding for her loved ones' parts, as well as her own.

Participant 5.2 described how having an awareness of how her parts interact with others allows her to manage her reactivity,

“Being aware of being in Self feels like you're more connected to the other person, and that you're a better, at least I'm a better listener. Having the awareness of what it feels like to be in Self has helped me to be really aware of when I'm reactive and operating in parts. Even if I have a hard time unblending, it allows me to talk in a way of 'hey, its not them. Its not them that's making me annoyed or anxious'. That that is just the part that I'm seeing whatever's going on through, so it allows me to separate something that I may have reacted to originally to more of me, and then I can talk to them about, 'hey this is my day



today, I'm feeling kind of anxious today, so if I react in a way that maybe hurts your feelings or something, its not you, its more me'. So I think its helped me to be more aware in that regard, so therefore that also improves relationships because even if we can't always feel super connected, its not like they're taking things personally.”

### **Self-Compassion**

*More Self-Care.* Participants reported that after learning the IFS model, they were able to have greater awareness of when they were in need of self-care. Because of this awareness, they were more likely to show themselves compassion and make time to care for themselves, when previously they report not making themselves as much of a priority. Participant 4.1 discussed that as a result of working with her internal system and getting to know her parts, she now has the ability to comfort her own parts in moments of distress. Participant 5.1 described how she is better able to notice when she needs self-care. She reported that since learning the IFS model, she can feel when she is blended with parts which serves as an indication that she needs to take care of herself in that moment.

*Less Self-Criticism.* Participants reported that due to the awareness they gained of their internal process, they were able to be far less critical of themselves in times of distress than they were prior to the IFS course. Participants described that prior to the IFS course; they would criticize and judge themselves to feel motivated. However, many participants reported that after taking the IFS course, they are able to show themselves compassion in moments of distress, which acts as a stronger motivator.

Participant 4.1 reported that the biggest impact of learning the IFS model was how she is now less judgmental of herself and her process. Participant 5.4 described how while she is more self-compassionate, she is also able to take more risks in working on areas in her life that she wishes to improve. Participant 3.1 described a similar experience of being less critical of her internal process since gaining awareness of why her parts have taken on their roles. Participant 5.2 described how learning the IFS model has shifted her perspective to have more compassion for her parts, as she now sees them as working in service of her. She later explained how she is better able to manage anxiety by having compassion for herself during stressful times. Participant 5.3 discussed how understanding each part's story has allowed her to have more compassion for her parts and be appreciative of their role in her internal system. Participant 5.1 described how she used to fixate on negativity and criticism, but that having awareness of her internal process has allowed her to show herself compassion and avoid a negative downward spiral of thoughts and emotions. Many participants described a similar experience of self-compassion empowering them to achieve more. For example, Participant 5.4 described the irony of the self-criticism being there to motivate you, while Self and acting with Self-compassion becomes a much stronger motivator.

Participant 5.1 described how instead of feeling as though she must motivate herself through criticism; she can motivate herself in a positive way. She explained, "I just feel like, whereas I used to be so much more like 'how come you can't handle all these things on your plate?' now I'm like, 'wow I have a lot on my plate, maybe its okay that something falls off once in a while' as long as that doesn't happen too often and gets picked up again. But that self-compassion has

been so helpful. This whole year has been hard, so having myself on my team, like really being a cheerleader instead of how I used to be. I was so self-critical and that would motivate me to do stuff, but now I'm more compassionate and I do stuff more productively and I get things done more efficiently.”

### **Summary**

The core concept that appears to emerge from the data is that the IFS model is a valuable tool for building self-of-the-therapist work by helping participants increase awareness of their internal process. The following three themes emerged from the data: (a) increase in Self-Leadership; (b) improved relationships; and (c) increase in Self-Compassion. Subthemes illustrated in Table 2 reveal the process in which the themes impact self-of-the-therapist work in participants. The importance of self-of-the-therapist work in MFT training programs has been consistently demonstrated in the research (Aponte & Carlsen, 2009; Timm & Blow, 1999; Freud, 1910; Bowen, 1972; Satir, 2000; Aponte & Kassil, 2014; Nelson et al., 2007; Aponte, 1994; Sprenkle, Davis & Lebow, 2009; Blow, Sprenkle & Davis, 2007; Simon, 2006).

## Chapter V: Discussion

### Introduction

The purpose of this mixed-methods study was to examine (a) whether and how IFS helps novice therapists become more self-compassionate, (b) whether and how IFS helps novice therapists become aware of their internal process, and (c) how does this impact their self-of-the-therapist work, if at all. In this case, the definition of self-of-the-therapist was based on Timm and Blow's (1999) conceptualization of the therapist's participation in a process that requires introspective work on issues in his or her own life, that has an impact on the process of therapy in both positive and negative ways. The current study suggests that IFS appears to have increased novice therapists' awareness of their internal process and increased self-compassion, which also appears to contribute to their self-of-the-therapist work. Based on a review of the literature, this study appears to be the first mixed-methods study to explore the relationship between the IFS model and its impact on self-compassion and internal awareness in novice therapists.

The findings are both consistent with, and contribute to, the literature on self-of-the-therapist and MFT training. Study results reveal that the IFS model is a potentially valuable tool for improving internal awareness and increasing self-compassion, therefore building self-of-the-therapist work in novice therapists. This is important because COAMFTE has the following standards for training MFTs, however, they do not provide guidance for how to integrate self-of-the-therapist training into the curriculum: "5.4.2. Monitor attitudes, personal well-being, personal issues, and personal problems to ensure they do not impact the therapy process adversely or create vulnerability for misconduct" (Nelson, Chenail, Crane, Johnson, & Schwallie, 2007, p. 437). Therefore, the data

collected in this study suggests that the IFS model could be considered a tool in self-of-the-therapist training, which has significant implications for COAMFTE.

### **Awareness of Internal Process**

This study's results were consistent with previous research conducted on using IFS to foster self-awareness in novice therapists. Mojta, Falconier, and Huebner's (2014) study found that IFS helped therapists identify, understand, and manage their internal processes. Similarly, this study found a significant increase in participants' ability to describe their internal experience, act with awareness by focusing on the present activity, and be nonjudgmental and non-reactive of their own inner experience were revealed via the quantitative surveys. These findings are consistent with the qualitative research as all participants described having more awareness of their internal process and being able to reflect upon it since learning about the IFS model. This is important because according to the IFS model, there are a myriad of vulnerabilities inside therapists that clients can innocently activate (Schwartz, 2013). This study suggests that the ability to differentiate one's own internal process from their clients' experiences may be gained through the therapist's increased internal awareness.

Participants reported feeling less judgmental of themselves and others, which has reportedly improved their relationships since taking the IFS course. Participants also reported that they now experience a heightened awareness of their internal process, which has led to better emotion regulation and lower reactivity when interacting with clients, family, friends, and significant others. This is significant because the research suggests that therapists-in-training have difficulty managing their internal reactions, which can cause negative or incongruent behaviors when working with clients. They suggest that

novice therapists need a way to help better manage their reactions (Williams et al., 1997).

The current study suggests that learning the IFS model can contribute to novice therapists' ability to manage their reactivity.

The quantitative data also revealed a decrease in secondary traumatic stress in participants after learning about IFS, as they are able to differentiate the trauma experienced by their clients and their own experiences. The ability to differentiate was discussed in the qualitative data as participants reported that having awareness of their own internal process helped them separate their own experiences from their clients while in session. This is essential to the growth of novice therapists as they are faced with the inherent ambiguity of their professional work (Skovholt & Ronnestad, 2003).

One construct of the Five Facet Mindfulness Questionnaire was not found to have significantly changed was participants ability to observe their experience. Researchers have hypothesized that as therapists-in-training, the other courses such as the Mindfulness course might have already taught participants this skill. Therefore, there was not a significant increase after completing the IFS course. Researchers also discussed how the ability to describe one's inner experience is much more closely related to the IFS model than the observation of one's inner experience. By becoming aware of one's internal process through the IFS course, one is not only able to observe their inner experience, but rather make sense of what it means. This is more closely tied to the describe subscale, which was found to have increased significantly in this study.

Both Compassion Satisfaction and Burnout were not found to have significantly changed as a result of learning IFS. Researchers have hypothesized that compassion satisfaction is something that is already high in those who choose to devote their lives to

serving others as psychotherapists, which may be why it was a high score in both the pretest and posttest. Researchers have also hypothesized that Burnout was low because the population being studied are novice therapists, who are unlikely to be experiencing burnout while in the early stages of their career.

### **Self-Compassion**

Participants in the current study reported feeling more self-compassion after learning about IFS, especially in times of distress. As Neff (2011) suggests, these changes are important because self-compassion is a powerful way to achieve emotional well-being and avoid destructive patterns of fear, negativity, and isolation. Avoiding these destructive patterns is important for novice therapists as the research suggests that their lack of professional confidence causes anxiety and self-consciousness (Skovholt & Ronnestad, 2003). Therefore, building self-compassion in novice therapists through self-of-the-therapist work in training MFTs has the potential to decrease that anxiety.

The importance of therapists being self-compassionate is reported in the literature as it protects against unethical practices by increasing the likelihood of recognizing inappropriate reactions to clients before any action is taken (Chapman et al., 2003; Lammert, 1986;; Porter, 1995; Ringel, 2003). Self-compassion also serves as an emotion regulation strategy that transforms negative emotions and thoughts into self-acceptance, thereby decreasing depression and anxiety (Gilbert & Proctor, 2006; Neff, 2003; Neff, Kirkpatrick, & Rude, 2007). The current study's findings are consistent with this literature in relation to themes of improved emotion regulation and decreased reactivity since completing the IFS course.

From Neff's Self-Compassion Scale, the data reveal that participants experienced an increase in self-kindness, common humanity, and mindfulness and a decrease in self-judgment and over-identification. Focus group and individual interview participants echoed these results with their discussions. Participants reported that because they have awareness of their internal process after learning the IFS model, they are able to recognize when parts are triggered and have compassion for how their internal family functions. This allows them to show themselves compassion in moments of distress rather than being self-critical as they had reportedly been previously. This is important to self-of-the-therapist work as the literature reports that novice therapists indicate self-criticism as hindering their therapy sessions. This can cause them to focus on their self-talk rather than being attuned with their clients (Frediani & Rober, 2016; Nutt-Williams & Hill, 1996). Therefore, the IFS model is a possible tool for building self-compassion in novice therapists, which participants reported also decreased their self-criticism.

There were no significant changes in the pretest and posttest regarding results related to isolation in this study. This finding may suggest that, rather than feeling isolated by imperfection, students take a broader and more connected perspective with regard to individual difficulties. Researchers have hypothesized that these results may be due to the fact that those who choose to go into the profession of psychotherapy already possess the traits that lead them to recognize all human suffering, therefore, learning about the IFS model did not greatly influence this component.

Mindfulness (sample item: When I'm feeling down, I try to approach my feelings with curiosity and openness) significantly increased as a result of the IFS course, while Overidentification (sample item: When I'm feeling down I tend to obsess and fixate on



everything that's wrong) significantly decreased in participants. These findings were also supported in the qualitative research as participants discussed being able to have awareness of their internal process and therefore not over identifying, but staying in the present moment with their emotions. This supports previous research regarding the impact of being Self-led on one's self-of-the-therapist work (Schwartz, 2013), as well as the connection between mindfulness and self-compassion (Germer, 2009). These findings also speak to the connection between learning IFS and Mindfulness. Although there are differences in these two approaches, gaining awareness of one's internal process through the IFS lens appears to contribute to one's ability to be mindful. This may allow novice therapists to differentiate their own process from that of their clients, which is an important part of self-of-the-therapist work (Negash & Sahin, 2011).

Our findings are consistent with Neff's in that components of self-compassion mutually impact one another. For example, when participants emotionally respond to pain and failure with self-kindness versus self-judgment, they are able to cognitively understand their predicament as part of common humanity and pay attention to their suffering through mindfulness rather than overidentification. Similarly, being kind and understanding toward oneself when confronting personal inadequacies can lessen self-judgment (Neff, 2016). This process has been shown to occur in the current study as participants report showing themselves more compassion in moments of personal inadequacy, which lessens their feelings of self-judgment.

By learning the IFS model, participants were able to gain awareness of their internal process and know how to manage it in the moment so as not to over identify with those negative feelings, or parts. This ability is important given that previous research has

indicated that therapists' cognitions are an important part of the therapy process (Nutt-Williams, 1993) and that beginning therapists' perceptions of their clinical performance is greatly impacted by their self-talk (Borders et al., 1988; Fuqua et al., 1986; Kurpius et al., 1985; Morran, 1986, Morran et al., 1989). Therefore, by learning to navigate their internal system through learning about IFS, novice therapists appear to be better able to show themselves self-compassion and strengthen their self-of-the-therapist work.

Results of this study appear to support the strength of the IFS model as a tool for novice therapists in gaining more internal awareness and increased self-compassion, which may lead to stronger self-of-the-therapist work. These results indicate that the IFS model could be a viable option for training MFTs in the future, as although self-of-the-therapist work is a requirement for accredited MFT programs, there are no current guidelines from COAMFTE for how to carry out their requirements. The importance of training MFTs in self-of-the-therapist work has been supported in the literature (Aponte et al., 2009; Satir, 1987; Aponte & Kissil, 2014; Sprenkle, Davis, & Lebow, 2009; Blow, Sprenkle, & Davis, 2007; Sexton & Ridley, 2004). The benefits of training novice therapists in self-of-the-therapist work through an IFS graduate course appear to be consistent with what researchers report is needed for self-of-the-therapist work, including a reported decrease in anxiety and self-criticism and a reported increase in internal awareness, self-compassion, and differentiation.

### **Limitations**

One of the most important things to recognize is the limited number of participants in the qualitative portion of the study. We suspect this reveals a timing issue more than an interest issue on the part of the students. Given that we waited until the end

of the fall semester to conduct the focus groups (after grades had been submitted), many of the students had already left the area on winter break and were not available to participate. More participants could have strengthened some of the major themes identified or revealed other ideas that were not mentioned. . A second limitation is that only one MFT program was incorporated in this study.

### **Research Implications**

Future research should consider a longitudinal design to examine whether novice therapists' experiences about the benefits of the IFS model in improving their awareness of their internal process will continue to benefit them over time. Future research could also compare various self-of-the-therapist training programs such as Aponte's POTTs program to an IFS graduate course. It may also be beneficial to compare those students who seek out their own personal IFS therapy and the impact this has on their self-of-the-therapist work outside of the classroom.

### **Clinical & Training Implications**

The findings that emerged from this mixed-methods study appear to have the greatest implications both clinically and through future training of Marriage and Family Therapists. The findings of this study support the fact that by building greater awareness of internal process, novice therapists can use the IFS model as a tool to enhance their self-of-the-therapist work. Therefore, the IFS model can be viewed as a tool for educating novice therapists on understanding and coping with their own internal processes in an effort to enhance their abilities as therapists. The other clinical implication of this study is to provide insight into the connection between the IFS model and Self-compassion, as

well as prove that building Self-compassion in novice therapists can greatly enhance their self-of-the-therapist work.

For faculty, the findings presented may be helpful in developing courses with a focus on self-of-the-therapist work in the future. Programs may weave discussion of self-of-the-therapist into various courses, but the knowledge that the IFS model can be a valuable tool in this process could argue for the continuation or installation of an IFS course in MFT programs.

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## Appendix A

### Research Informed Consent

Informed Consent for Participants in Research Projects Involving Human Subjects

#### **Title of Project: Internal Family System's Influence on Novice Therapists' Self-Compassion**

#### **Principal Investigators:**

**Eric McCollum, Ph.D., Program Director, Professor/Committee Chair, Department of Human Development, Virginia Polytechnic Institute and State University**

**Angela Huebner, Ph.D., Associate Professor/Committee Chair, Department of Human Development, Virginia Polytechnic Institute and State University**

**Dina Hilaris, M.S. Candidate, Department of Human Development, Virginia Polytechnic Institute and State University**

#### **I. Purpose of Research**

The purpose of this study is to determine whether and how IFS helps novice therapists become more self-compassionate and aware of their internal processes, and how this impacts their self-of-the-therapist work, if at all. The research will be used for the completion of a master's thesis with potential for publication.

#### **II. Procedures**

You will be asked to complete a demographic questionnaire and an in-person focus group or individual interview lasting approximately one hour. In-person focus groups and individual interviews will take place in a classroom at Virginia Polytechnic Institute and State University's Northern Capital Region Campus.

#### **III. Risks**

You may feel emotional discomfort when being interviewed about your personal experiences. The researcher will have mental health referrals available should you wish to further process thoughts or emotions that arise from the interview. Payment for service from any mental health providers to which you are referred shall be your responsibility, and shall not be covered by the researchers, nor Virginia Polytechnic Institute and State University.

#### **IV. Benefits**

The answers you provide will help us learn about the influence that Internal Family System's has on your self-compassion and self-of-the-therapist experience. Talking about your experience may provide some therapeutic benefit to you. No promise or guarantee of benefits has been made as an incentive for participation in this study.

#### **V. Extent of Anonymity and Confidentiality**

- All of the information provided during the focus group/individual interview is confidential.

- At no time will the researchers release identifiable results of the study to anyone other than individuals working on the project without your written consent.
- All identifying information provided during the audio-recorded interview will be removed and replaced with a numerical code in the typed transcript and study report. Any identifiable information will be stored separately and securely from coded data.
- All data will be kept in a locked and secured location.
- The only individuals with access to the audio recording and original transcript will be the Principal Investigator and the Co-Investigators. If outside transcriber services are used, the Co-Investigator will request that the transcriber sign a confidentiality agreement.
- The audiotapes will be destroyed as soon as they have been transcribed and checked.
- Portions of your interview text may be used verbatim in the report of the project and/or in subsequent publications. No identifying information will be associated with any part of your interview that may be used.
- The Virginia Polytechnic Institute and State University Institutional Review Board (IRB) may view the study’s data for auditing purposes. The IRB is responsible for the oversight of the protection of human subjects involved in research.

**VI. Compensation**

There is no compensation, however, participating in this study benefits research.

**VII. Freedom to Withdraw**

You do not have to participate in this research study. If you agree to participate, you are free to withdraw at any time without penalty.

**VIII. Participant’s Responsibilities**

I voluntarily agree to participate in this study. I have the following responsibilities:

1. I will complete a demographic questionnaire. I will complete an in-person focus group/individual one-hour interview. This interview will take place in a classroom at Virginia Polytechnic Institute and State University’s Northern Capital Region Campus.

**IX. Participant’s Permission**

I have read the Consent Form and conditions of this project. I have had all my questions answered. I hereby acknowledge the above and give my voluntary consent.

\_\_\_\_\_  
Participant’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant’s Name (please print)

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Researcher's Signature

---

Date

If you have any questions about this research study or its conduct, you may contact:

<u>Eric McCollum, Ph.D</u>	<u><a href="tel:703-538-8463">703-538-8463</a>/<a href="mailto:ericmccollum@vt.edu">ericmccollum@vt.edu</a></u>
Investigator	Telephone/email
<u>Angela Huebner, Ph.D</u>	<u><a href="tel:703-538-8491">703-538-8491</a>/<a href="mailto:ahuebner@vt.edu">ahuebner@vt.edu</a></u>
Investigator	Telephone/email
<u>Dina Hilaris, M.S. Candidate</u>	<u><a href="tel:703-408-4014">703-408-4014</a>/<a href="mailto:dhilaris@vt.edu">dhilaris@vt.edu</a></u>
Investigator	Telephone/email

If you have any questions about research subjects' rights as human research participants, you may contact:

<u>Dr. David M. Moore</u>	<u><a href="tel:540-231-4991">540-231-4991</a>/<a href="mailto:moored@vt.edu">moored@vt.edu</a></u>
Chair, Virginia Polytechnic Institute and State University Institutional Review Board for the Protection of Human Subjects Office of Research Compliance	Telephone/email

## Appendix B

To Whom it May Concern:

Please feel free to use the Self-Compassion Scale in your research. Masters and dissertation students also have my permission to use and publish the Self-Compassion Scale in their theses.

The appropriate reference is listed below.

Best,

Kristin Neff, Ph. D.

Associate Professor

Educational Psychology Dept.

University of Texas at Austin

e-mail: kneff@austin.utexas.edu

Reference:

Neff, K. D. (2003). Development and validation of a scale to measure self-compassion. *Self and Identity*, 2, 223-250.

Coding Key:

Self-Kindness Items: 5, 12, 19, 23, 26

Self-Judgment Items: 1, 8, 11, 16, 21

Common Humanity Items: 3, 7, 10, 15

Isolation Items: 4, 13, 18, 25

Mindfulness Items: 9, 14, 17, 22

Over-identified Items: 2, 6, 20, 24

Subscale scores are computed by calculating the mean of subscale item responses. To compute a total self-compassion score, reverse score the negative subscale items before calculating subscale means - self-judgment, isolation, and over-identification (i.e., 1 = 5, 2 = 4, 3 = 3, 4 = 2, 5 = 1) - then compute a grand mean of all six subscale means.

Researchers can choose to analyze their data either by using individual sub-scale scores or by using a total score.

(This method of calculating the total score is slightly different than that used in the article referenced above, in which each subscale was added together. However, I find it is easier to interpret the total score if a mean is used.)



## HOW I TYPICALLY ACT TOWARDS MYSELF IN DIFFICULT TIMES

Please read each statement carefully before answering. To the left of each item, indicate how often you behave in the stated manner, using the following scale:

Almost never					Almost always
1	2	3	4	5	

- \_\_\_\_\_ 1. I'm disapproving and judgmental about my own flaws and inadequacies.
- \_\_\_\_\_ 2. When I'm feeling down I tend to obsess and fixate on everything that's wrong.
- \_\_\_\_\_ 3. When things are going badly for me, I see the difficulties as part of life that everyone goes through.
- \_\_\_\_\_ 4. When I think about my inadequacies, it tends to make me feel more separate and cut off from the rest of the world.
- \_\_\_\_\_ 5. I try to be loving towards myself when I'm feeling emotional pain.
- \_\_\_\_\_ 6. When I fail at something important to me I become consumed by feelings of inadequacy.
- \_\_\_\_\_ 7. When I'm down and out, I remind myself that there are lots of other people in the world feeling like I am.
- \_\_\_\_\_ 8. When times are really difficult, I tend to be tough on myself.
- \_\_\_\_\_ 9. When something upsets me I try to keep my emotions in balance.
- \_\_\_\_\_ 10. When I feel inadequate in some way, I try to remind myself that feelings of inadequacy are shared by most people.
- \_\_\_\_\_ 11. I'm intolerant and impatient towards those aspects of my personality I don't like.
- \_\_\_\_\_ 12. When I'm going through a very hard time, I give myself the caring and tenderness I need.
- \_\_\_\_\_ 13. When I'm feeling down, I tend to feel like most other people are probably happier than I am.
- \_\_\_\_\_ 14. When something painful happens I try to take a balanced view of the situation.
- \_\_\_\_\_ 15. I try to see my failings as part of the human condition.
- \_\_\_\_\_ 16. When I see aspects of myself that I don't like, I get down on myself.
- \_\_\_\_\_ 17. When I fail at something important to me I try to keep things in perspective.
- \_\_\_\_\_ 18. When I'm really struggling, I tend to feel like other people must be having an easier time of it.
- \_\_\_\_\_ 19. I'm kind to myself when I'm experiencing suffering.
- \_\_\_\_\_ 20. When something upsets me I get carried away with my feelings.
- \_\_\_\_\_ 21. I can be a bit cold-hearted towards myself when I'm experiencing suffering.
- \_\_\_\_\_ 22. When I'm feeling down I try to approach my feelings with curiosity and openness.
- \_\_\_\_\_ 23. I'm tolerant of my own flaws and inadequacies.
- \_\_\_\_\_ 24. When something painful happens I tend to blow the incident out of proportion.
- \_\_\_\_\_ 25. When I fail at something that's important to me, I tend to feel alone in my failure.
- \_\_\_\_\_ 26. I try to be understanding and patient towards those aspects of my personality I don't like.

### Five Facets Mindfulness Questionnaire

Please rate each of the following statements using the scale provided. Write the number in the blank that best describes your own opinion of what is generally true for you:

1=never or very rarely true; 2 - rarely true; 3= sometimes true; 4= often true; 5= very often or always true.

1. When I'm walking, I deliberately notice the sensations of my body moving.
2. I'm good at finding words to describe my feelings.
3. I criticize myself for having irrational or inappropriate emotions.
4. I perceive my feelings and emotions without having to react to them.
5. When I do things, my mind wanders off and I'm easily distracted.
6. When I take a shower or bath, I stay alert to the sensations of water on my body.
7. I can easily put my beliefs, opinions, and expectations into words.
8. I don't pay attention to what I'm doing because I'm daydreaming, worrying, or otherwise distracted.
9. I watch my feelings without getting lost in them.
10. I tell myself I shouldn't be feeling the way I'm feeling.
11. I notice how foods and drinks affect my thoughts, bodily sensations, and emotions.
12. It's hard for me to find the words to describe what I'm thinking.
13. I am easily distracted.
14. I believe some of my thoughts are abnormal or bad and I shouldn't think that way.
15. I pay attention to sensations, such as the wind in my hair or sun on my face.
16. I have trouble thinking of the right words to express how I feel about things.
17. I make judgments about whether my thoughts are good or bad.
18. I find it difficult to stay focused on what's happening in the present.
19. When I have distressing thoughts or images, I "step back" and am aware of the thought or image without getting taken over by it.
20. I pay attention to sounds, such as clocks ticking, birds chirping, or cars passing.
21. In difficult situations, I can pause without immediately reacting.
22. When I have a sensation in my body, it's difficult for me to describe it because I can't find the right words.
23. It seems I am "running on automatic" without much awareness of what I'm doing.
24. When I have distressing thoughts or images, I feel calm soon after.
25. I tell myself that I shouldn't be thinking the way I'm thinking.
26. I notice the smells and aromas of things.
27. Even when I'm feeling terribly upset, I can find a way to put it into words.
28. I rush through activities without being really attentive to them.
29. When I have distressing thoughts or images I am able just to notice them without reacting.
30. I think some of my emotions are bad or inappropriate and I shouldn't feel them.
31. I notice visual elements in art or nature, such as colors, shapes, textures, or patterns of light and shadow.
32. My natural tendency is to put my experiences into words.
33. When I have distressing thoughts or images, I just notice them and let them go.
34. I do jobs or tasks automatically without being aware of what I'm doing.
35. When I have distressing thoughts or images, I judge myself as good or bad,

depending what the thought/image is about.

36.1 pay attention to how my emotions affect my thoughts and behavior.

37.1 can usually describe how I feel at the moment in considerable detail.

38.1 find myself doing things without paying attention.

39.1 disapprove of myself when I have irrational ideas.

### **Professional Quality of Life Scale (ProQOL)**

#### **Compassion Satisfaction and Compassion Fatigue (ProQOL) Version 5 (2009)**

When you [help] people you have direct contact with their lives. As you may have found, your compassion for those you [help] can affect you in positive and negative ways.

Below are some questions about your experiences, both positive and negative, as a [helper]. Consider each of the following questions about you and your current work situation. Select the number that honestly reflects how frequently you experienced these things in the last 30 days.

1=Never 2=Rarely 3=Sometimes 4=Often 5=Very Often

1. I am happy.

2. I am preoccupied with more than one person I [help].

3. I get satisfaction from being able to [help] people.

4. I feel connected to others.

5. I jump or am startled by unexpected sounds.

6. I feel invigorated after working with those I [help].

7. I find it difficult to separate my personal life from my life as a [helper].

8. I am not as productive at work because I am losing sleep over traumatic experiences of a person I [help]. 9. I think that I might have been affected by the traumatic stress of those I [help].

10. I feel trapped by my job as a [helper].

11. Because of my [helping], I have felt "on edge" about various things.

12. I like my work as a [helper].

13. I feel depressed because of the traumatic experiences of the people I [help].

14. I feel as though I am experiencing the trauma of someone I have [helped].

15. I have beliefs that sustain me.

16. I am pleased with how I am able to keep up with [helping] techniques and protocols.

17. I am the person I always wanted to be.

18. My work makes me feel satisfied.

19. I feel worn out because of my work as a [helper].

20. I have happy thoughts and feelings about those I [help] and how I could help them.

21. I feel overwhelmed because my case [work] load seems endless.

22. I believe I can make a difference through my work.

23. I avoid certain activities or situations because they remind me of frightening experiences of the people I [help].

24. I am proud of what I can do to [help].

25. As a result of my [helping], I have intrusive, frightening thoughts.

26. I feel "bogged down" by the system.

27. I have thoughts that I am a "success" as a [helper].

28. I can't recall important parts of my work with trauma victims.
29. I am a very caring person.
30. I am happy that I chose to do this work.