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Aspects of the Self and Psychological Outcomes

Neil P. Martin

UNDERSTANDING ASPECTS OF THE SELF AND PSYCHOLOGICAL OUTCOMES

by

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(Under the Direction of Jeff Klibert)

ABSTRACT

Depression ranks among the top health concerns on college campuses and impairs students'

functioning across numerous domains including academic, social, and personal areas, and there

is still an urgent need for a model that can provide comprehensive understanding of the

development and treatment of depression.. The Internal Family Systems (IFS) model is

introduced to bridge this gap. The current study aimed to make contributions to mental health

literature by advancing our understanding of IFS theory (specifically, the concept of Self) in

predicting depression, providing a framework for promoting a non-pathological model of

depression, and adding to the body of empirical IFS research. Data were collected from a sample

of college students at Georgia Southern University and the Savannah College of Art and Design

(SCAD) via an online survey. Students completed the IFS Scale and the 10-item Center for

Epidemiology Depression Scale (CES-D 10). A significant, inverse correlation was found

between the Self variable and depression outcomes. In addition, a stepwise regression was

performed in which Dissociating, Self-Critical, Anxious/Pessimistic, Addictive/Impulsive, and

Raging Protectors were found to contribute the most unique variance to depressive symptoms.

Mediation analysis was then conducted and identified three types of the previously mentioned

Protectors as significantly mediating the relationship between Self and depression. Implications

for IFS theory as well as direct clinical applications are discussed.

Keywords: Internal Family Systems, depression, Self, college, students

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CHAPTER 1

INTRODUCTION

Rationale

Depression is a significant problem in today's world and is of notable concern to healthcare practitioners working in a variety of settings. In general, depression, also known as Major Depressive Disorder (MDD), is characterized by symptoms including sad mood, loss of interest in once-pleasurable activities, fatigue, sleep problems, changes in appetite and weight, feelings of hopelessness and helplessness, and suicidal behaviors. Major Depressive Disorder has a high overall prevalence, with 10% to 25% of women and 5% to 12% of men expected to suffer from MDD during their lifetime. The disorder is also related to a high mortality rate, as 15% of people that experience MDD die by suicide. Major Depressive Disorder also has been found to adversely affect quality of life, work productivity, and physical health. Furthermore, each Major Depressive Episode that goes untreated increases the likelihood that an individual's depressive state will become chronic and treatment-resistant, highlighting the need for early, accurate diagnosis and efficient and effective treatment (American Psychiatric Association, 2000).

Currently, depression ranks among the top health concerns on college campuses. In a survey of college students, 5.2% of undergraduates and 4.1% of graduate students screened positive for MDD (Eisenberg, Gollust, Golberstein, and Hefner, 2007). In addition, the American College Health Association (2011) estimated that as many as 18.8% of college students experience significant depressive symptoms during their college years. Unfortunately, only 10.7% of these individuals had received treatment for their depressive symptoms, suggesting that a significant portion of students that suffer from depressive symptoms go undiagnosed and untreated (American College Health Association, 2011). In addition to these concerning rates,

the incidence of depression and other mental health problems appears to be on the rise (Benton, Robertson, Tseng, Newton, & Benton, 2003). Furthermore, a variety of other frequently-occurring mental health issues, including stress (32%), sleep difficulties (24.1%), relationship problems (15.8%), and alcohol use (7.8%), can exacerbate or be exacerbated by a depressive episode (Alschuler, Hoodin & Bird, 2009).

Effects of Depression on College Students

Students' transition from high school to the college is often stressful and can have a negative impact on students' emotional and cognitive functioning. Increased academic workload, lack of daily structure, financial problems, increased exposure to alcohol and other drugs, and changes in social, romantic, and sexual relationships are just some of the new demands inherent within a university setting (Ross, Niebling & Heckert, 1999). Students who are ill equipped to manage such difficulties may be at risk to experience depressive difficulties, an adjustment disorder, or even MDD (Alschuler, Hoodin & Bird, 2009; Kessler, Berglund, Demler, Merikangas, & Walters, 2005). Below is a brief review of the academic, social, and behavioral consequences of depression in college students.

Academic. Depression can significantly impact college students' academic performance. In 2010, one survey found that approximately 10% of college students reported that depression decreased the quality of their academic work (American College Health Association, 2011). Numerous academic barriers may be introduced when a student becomes depressed including decreased cognitive abilities (e.g. difficulties with concentration, decision-making, and problem-solving) as well as a lack of energy and motivation. In addition, when students receive low grades, they may be more vulnerable to feelings of low self-esteem and worthlessness. These same individuals can also display decreased resilience and have trouble rebounding from such

"failures" in a positive and academically constructive manner (Deroma, Leach, & Leverett, 2009).

   Social/Interpersonal. Interpersonal consequences may also result from depression. When depressed, young adults may respond to common interpersonal problems in ineffective and socially-isolating ways. For example, if an individual was excluded from a social outing, a non-depressed person might address the situation in an assertive manner by discussing it with his friends, whereas a depressed person might avoid such a discussion due to helplessness and feelings of low self-worth. Such a response pattern can reinforce the individual's feelings of shame and disconnection and may perpetuate the cycle of depression by increasing isolation and decreasing social support (Flynn & Rudolph, 2011). The interpersonal effects of depression are especially important at developmentally salient stages. For example, during emerging adulthood, depression can promote interpersonal rumination following negative social feedback. In other words, someone who is suffering from depression may have a difficult time with letting go of negative social events or thinking positively about the future. Furthermore, such individuals have a tendency to ruminate and self-blame, which usually exacerbates their feelings of depression (Nepon, Flett, Hewitt & Molnar, 2011). Taken as a whole, when a depressed person experiences a negative social interaction, they are more likely to experience negative feelings such as helplessness, shame, and isolation, and they are less likely to display constructive qualities, such as assertiveness and resilience.

   Additionally, people who suffer from depression usually report feeling as if they do not belong, which makes them particularly vulnerable to social isolation. As a result, they are hesitant about meeting new people, which limits opportunities to develop new social relationships that could reduce the severity of their depressive symptoms. Individuals with

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depression often report decreased intimate relationships and generally experience a higher level of negativity in those relationships that they are able to maintain (Steger & Kashdan, 2009). Some research even indicates that individuals who suffer from depression may cause negative feelings in others, which can lead to negative reactions, social rejection, and feelings of isolation (Coyne, 1976; Joiner & Katz, 1999).

Suicide. Suicidal behaviors are also an alarming problem on college campuses. In a national survey of college students, the American College Health Association (2010) found that 6% of students had seriously considered suicide within the past year and 1.3% of students had attempted suicide. In terms of lethality, suicide ranks as the second leading cause of death among youths age 18-24 (Center for Disease Control and Prevention, 2010). Depression has long been linked to an increased risk of suicide attempts and completions in college students. The risk of suicide in individuals suffering from depression has been estimated at 10-20 times that of the general population (Lönnqvist, 2000). Moreover, the association between depression and suicide appears stable across time (Fergusson et al., 2003). Students who suffer from depression have difficulty exercising problem-solving and rational decision-making skills that are needed to resolve these situations (Gotlib & Asarnow, 1979; Rudd, Rajab, & Dahm, 1994). Ironically, these skills represent psychological resources that protect against or prevent thoughts and behaviors that sometimes lead to suicide. In general, depression is robust risk factor to college student suicide.

Overall, depression fosters cognitive impairments and problematic behaviors that negatively impact college students' sense of well-being. Decreased academic achievement, interruption of social connections and social isolation, reduced ability to cope with new psychosocial stressors that are inherent within the college environment, and increased risk of

suicide are just some of the consequences of depression. Due to the pervasive and enduring effects of depression, theories are needed that can explain the development and maintenance of such depressive symptoms in a robust and comprehensive manner.

Theories of Depression Etiology

Several psychological orientations, including Psychoanalysis (Blatt, 1998), Behaviorism (Lewinsohn, Antonuccio, Steinmetz & Teri, 1984), Existential therapy (Mascaro & Rosen, 2005), and Cognitive-Behavioral Therapy (Beck, 1967) have made significant contributions to our understanding of depression. However, those which focus on deeper issues, such as Psychoanalysis or Existential therapy, often require extended periods of time for successful treatment. In contrast, skill-based therapies such as Cognitive and Behavioral interventions are present-focused and largely highlight symptom management. Such treatment orientations often view the original causes of psychological issues as less relevant. As such, there is an urgent need for a model that can provide both a comprehensive understanding of the development and treatment of depression as well as an in-depth and efficient form of therapeutic intervention.

The Internal Family Systems approach engenders a model which is understandable, intuitive, and holds promise in terms of utility. IFS uses a non-pathological model and views any "psychopathology" as a natural reaction by an individual's Parts (e.g. anxious, hypervigilant, numbing, avoiding, or self-harming parts) to protect the overall system. In order to keep the system from being overwhelmed by emotion or trauma, Parts are often forced to take on roles for which they are ill-equipped. As a result, the Parts of a person's system may be prone to extreme beliefs, polarizations, conflict, and poor Self-leadership. The goal of IFS therapy is to decrease these polarizations, increase harmony within the system, and promote Self-leadership.

Parts in an individual's system may take on various kinds of roles. Some Parts, called Exiles, typically carry burdens of excess emotion in the form of shame, sadness, worthlessness, terror, and hopelessness. Other Parts, known as Protectors, play a two-way defensive role by protecting an individual's system from being flooded with Exile emotions and protecting Exiles from undergoing any further emotional damage. Common Protectors may include fatigue, difficulty thinking or concentration, addiction, anxiety, self-criticism, anger, dissociation and numbing, or self-harming behaviors. Despite the multiple benefits offered by the IFS model, more research is needed to provide empirical support for the model's theoretical tenets and efficacy.

Purpose

Overall, the Internal Family Systems model shows great promise due to its similarities with other effective treat modalities, such as psychodynamic, gestalt, and compassion-based therapies, and the incremental manner in which it promotes a non-stigmatizing approach to mental illness and healing. Due to the lack of research regarding the theory and practice of the Internal Family Systems model, this study attempted to provide empirical data, closing this gap in this field of research.

Given this need, this study had three aims. First, the current study explored the relationship between the IFS concept of Self and a measure of depression. Second, this study determined which IFS Protector components uniquely predict a significant amount of variance in depression scores. Finally, the study hoped to investigate the mediator effects of robust Protectors in explaining the relationship between Self and depression.

Significance

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The current study hoped to make contributions to mental health care by advancing our understanding of IFS theory and depression, providing a framework for promoting a non-pathological model of depression, and contributing to the body of empirical research regarding the IFS model. The Internal Family Systems perspective would advance current theories of depression in multiple ways. First, IFS is a non-pathologizing orientation and, by extension, would view depression not as a disease or disorder. Instead, the IFS model would view an individual as a collection of Parts that have taken on new, unnatural roles to adapt to a stressful, traumatic situation which has compromised Self-Leadership. This approach accentuates, not symptom management or the learning of skills, but the need to understand and accept emotions through self-compassion, to decrease polarizations, and above all, to unburden Parts, and the person in which they reside, from past traumas.

Second, this study aimed to begin to bridge the gap between the non-pathological/IFS approach and current, pathological conceptualizations of mental illness based on the DSM-IV-TR. While most current psychological theories view depression as a form of dysfunction, IFS perceives this "disease" as a system's natural, but ultimately unhealthy adaptation to stressful circumstances. Nevertheless, it seems important that both traditional mental health practitioners and IFS-focused practitioners are able to understand these concepts in a mutual fashion and exchange ideas in a constructive manner. This study will be one of the first to gather evidence that may support such a framework in the future.

This study is also important from a theoretical validation standpoint. To date, little empirical research has been published using the IFS framework (Shadick et al., 2013). Beginning this process is essential to explore the validity of IFS theory, concepts, and practice in an evidence-based manner. This specific research may also extend what is known about how certain

IFS concepts, mainly Self and Protectors, function in a real-life context. While the IFS process is often idiosyncratic in its view of individuals and their Parts, general categories of Parts have been observed anecdotally in therapeutic settings (Schwartz, 1995; Schwartz, 2001). By extension, it would seem possible that certain DSM-IV-TR diagnoses may present with specific patterns of Protectors. Knowledge of these patterns could increase the accuracy of IFS case conceptualizations, provide knowledge of what Protectors may be more commonly encountered by IFS practitioners who work with clients that present with depressive symptoms, and could bolster our knowledge of what "defense mechanisms" are most often activated in depressed individuals.

Definition of Terms

According the Radloff (1978), depression is defined as a pattern of symptoms including depressed mood, guilt, worthlessness, helplessness, hopelessness, and changes in sleep and appetite. Most theorists agree that depression embodies complex interactions among physiological, affective, and cognitive components that ultimately deteriorate one's sense of emotional stability (Saveanu & Nemeroff, 2012). In the current study, depression will function as the outcome variable.

In IFS terms, the Self is defined as a person's core sense of being and the part of a person's system that is most naturally predisposed to leadership. Self is characterized by a person's experience to some or all of the "eight C's (calm, clarity, courage, creativity, connectedness, curiosity, compassion, and confidence) (Schwartz, 1995). In the current study, Self will function as the predictor variable.

Last, Protectors are defined as any Parts whose current primary role within a person's system is to protect the Self. Such Parts may also perform other roles but such roles are beyond

the scope of the current study. Protectors can take on many roles, both preemptive and reactive. The current study will examine seven types of Protectors: Pleasing/Abandoned, Addictive/Impulsive, Anxious/Pessimistic, Dissociating, Raging, Self-Critical, and Self-harming. Protectors that predict a unique amount of variance in depression will function as mediating variables in explaining the relationship between the Self and depression.

CHAPTER 2

LITERATURE REVIEW

Due to the novel nature and specific terminology of the Internal Family Systems model, it requires a basic introduction. This section discusses the main elements underlying the IFS theory including a general overview of the model, definitions, and descriptions of different categories of subpersonalities or "Parts." In addition, the concept of the "Self" is reviewed from traditional personality theories and moves into a discussion on the unique properties of the IFS concept of Self. This section also provides a better understanding of how IFS conceptualizes depression as a function of the Self concept. Lastly, different IFS mechanisms are explored in terms of how they might mediate the relationship between Self and depressive outcomes.

Overview of the IFS Model

The Internal Family Systems (IFS) model is a non-pathological psychotherapeutic theory that views an individual as a system of discrete subpersonalities or "Parts" and Self. This "multiplicity of mind" is not viewed as psychopathological, such as in Dissociative Identity Disorder, but instead is considered to be a person's natural state of being (Schwartz, 1995). Similar ideas can be seen in other psychotherapeutic theories, such as the distinction between "Rational Mind," "Wise Mind," and "Emotional Mind" in Dialectical Behavior Therapy (Barlow, 2008). To understand the dynamics involved in an individual's intrapsychic system, it is necessary to define the different types of Parts and the roles they often play within an individual's emotional and behavioral functioning. Categorization of subpersonalities provides a way of understanding the dynamics of an individual's internal system based on the roles that "Parts" have assumed. Although the function of Parts and the relationships between them are largely idiosyncratic, Schwartz (1995) posited three dimensions: Self, Exile, and Protectors.

Given specific criteria (e.g., timing, external stimuli, culture of an individual), the interaction between and among these Parts is important in the development and maintenance of well-being and emotional regulation.

Self. According to IFS theory, the Self is described as the "core" of a person. In contrast to other Parts, which often hold extreme beliefs and roles, the Self is characterized by stability, perspective, and a variety of positive leadership qualities. These underlying qualities are described as the "eight C's" which include calm, compassion, curiosity, connectedness, clarity, creativity, confidence, and courage. These qualities make the Self best-suited for leading the internal system toward emotional stability and optimizing the well-being of the individual. Behaviors regulated by the Self include having compassion for oneself and others, practicing acceptance, decreased self-criticism, interest and curiosity about life, development of interpersonal relationships, and the ability to process difficult emotions or life circumstances. Considering these roles and characteristics, it appears the Self heavily influences the experience of life satisfaction, well-being, and other positive psychological states (Schwartz, 1995).

Exiles. Exiles are subpersonalities within an individual internal system that carry negative feelings or beliefs from a person's past experiences. Because these emotions and experiences can be overwhelming to an individual, such subpersonalities are often highly regulated or even repressed within a person's system to maintain homeostasis. For example, if a child was socially ostracized during his/her youth, he/she may feel an overwhelming sense of shame when socially interacting with others. In an effort to avoid feelings of shame, he/she may unconsciously isolate the Part of himself/herself that craves social connection. In IFS theory, this isolated Part is known as an "Exile." Isolating exiles that carry painful emotions fulfills two purposes: it protects the individual's internal system from overwhelming feelings of distress and defends such

vulnerable Parts against potential reinjury or revictimization. If exiles cannot be easily managed or contained, an individual is more prone to experience extreme fluctuations in mood and a greater vulnerability to harm (Schwartz, 1995).

Managers and Firefighters. In IFS theory, Parts that have taken on defensive roles are known as Protectors and can be broken down into two categories: Managers and Firefighters. These two categories of Protectors function to keep Exiles isolated within an individual's internal system and to maintain a sense of emotional stability. Although the both Managers and Firefighter serve a protective function with an individual's internal system, each has a unique process of defense. Managers are instinctively proactive in how they regulate our daily activities and are usually involved in most of our behaviors. Managers tend to activate a high level of control of an individual's cognitive, emotional, interpersonal, and environmental processes in an effort to avoid future dysregulation and disruption of the internal system. Behavioral manifestations of Managers include becoming over-controlling, anxious, hypercritical, and over-nurturing (e.g., extreme forms of caregiving and enmeshment) (Schwartz, 1995).

When Managers are unable to protect an individual from stressors and threats, Firefighter Parts function as a second-line of defense. Firefighters are reactive Parts that are activated in response to overwhelming stressors and perceived threats. Firefighters often take the form of addictive or impulsive behaviors including anger, self-harm, gambling, thrill-seeking, excessive sexual activity, stealing, violence, substance abuse, or suicidal thoughts and behaviors (Schwartz, 2001).

IFS and Psychopathology

Through time, culture, and environmental context, the interactions between and among these Parts influence an individual's emotional response, mood, and decision-making processes

(Schwartz, 1995). Similar to the family systems theory on which it is based (Broderick & Schrader, 1991), IFS indicates that the highest priority of a person's intrapsychic system is to maintain homeostatic functioning. Considering the Self is integral to the proper functioning and leadership of the internal system, Parts within an individual's system often take on protective roles to ensure the Self can function under stressful or traumatic circumstances. Although such protections may be a rational response to the traumatic circumstances from which they originated, Protectors often function in such roles long after their usefulness is exhausted. Through extensive and inappropriate use, the once necessary and functional roles of Protectors can interfere with adaptive functioning and become detrimental to an individual's sense of well-being. For example, if a child witnessed physical abuse in their home, they may be prone to Protectors that cause them to dissociate, distract, or avoid overwhelming feelings triggered by the trauma. Although adaptive at the time of the trauma, these same Protectors may cause significant difficulties later in the person's life when they persist long after the trauma experience has been extinguished. If left unadjusted the same mechanisms that once served in a protective role can contribute to the development of interpersonal difficulties such as social withdrawal and loneliness.

Although the IFS model has been thoroughly developed in a theoretical sense, it has received little empirical testing to date. The purpose of the current study is to examine the dynamics of the relationship between Self and depression as well as if and how certain Protectors mediate this relationship. Because the IFS concept of the Self is so integral to the current study, a more in-depth examination of the construct is warranted. To gain a more robust understanding of the Self concept as described by IFS theory, it is helpful to review how the idea of the Self has been influenced by and deviated from previous theories.

Historical Perspective

Psychoanalytic Model. As a part of Freud's psychoanalytic theory, he highlighted the significance of the "observing ego" and its importance to mental health and overall well-being. The "observing ego" is defined as an individual's capacity to be neutral, objective, and self-observing (Glickauf-Hughes, Wells & Chance, 1996). Relevant qualities of the observing ego include maintaining a neutral, objective stance in the face of intrapsychic turmoil/processes and impinging external behaviors. Within the unconscious, the observing ego is thought to help an individual separate from habits such as self-criticism, judgment, and other defensive or impulsive qualities that are known to be related to the onset and/or maintenance of neuroticism. When the observing ego is strengthened within the unconscious, it contributes to positive features of an individual's well-being. Namely, a developed observing ego buffers against the inception of anxiety through the capacity to regulate and maintain self-awareness and objectivity (Glickauf-Hughes, Wells & Chance, 1996).

Alternatively, when the observing ego is depleted within the unconscious, an individual has a diminished capacity to observe his/her mental processes in a neutral, objective manner, which in turn increases the risk of engaging in irrational, ruminative, self-critical, emotionally dysregulated, and impulsive behaviors. Without the awareness, stability, and insight derived from the observing ego, threatening or conflict-generating stimuli often engender frenetic and catastrophic reactions (e.g., self-destructive behaviors) that predispose individuals to higher rates of neuroticism. For example, if a person derives a sense of self-competence exclusively from his/her ability to meet other's high expectations, he/she will react negatively (e.g., hopelessly) in the face of perceived failures and rejections. The inability to evaluate stress-inducing experiences rationally within a broader context of a "whole person" is directly proportional to the strength of

his/her observing ego. Considering the negative consequences associated with low observing ego strength, identifying and implementing methods that cultivate a stable and resilient observing ego are the primary means of thwarting neurosis (e.g., depression) and instilling a sense of well-being (Glickauf-Hughes, Wells & Chance, 1996).

Overall, the concept of the observing ego within psychoanalytic theory possesses several limitations. As its name implies, the observing ego is a relatively passive construct. Although the construct might allow an individual to re-establish psychological equilibrium, the neutral nature of the observing ego does not necessarily imply an action-oriented approach to psychological distress or external problems. Furthermore, the observing ego often requires facilitation through and maintenance by an outside influence (e.g. a therapist), and individuals often experience difficulty achieving this state on their own. Also, because extreme emotional stimuli disrupt the function of the observing ego, the construct is often least available when it is most needed (Glickauf-Hughes, Wells & Chance, 1996). In summary, the complex, passive, and unconscious nature of the observing ego make it difficult for researchers to study empirically. As a result, it has received little empirical support as a protective agent in the onset of emotional difficulties, including depression.

Person-Centered Model. The primary construct underlying of Roger's personal-centered model is "self-actualization" (Goldstein, 1959). Self-actualization is a process by which an individual can learn to accept their thoughts and emotions fully, maintain healthy interpersonal relationships, and act outwardly in a way that is congruent with their thoughts, feelings, and beliefs. Rogers describes self-actualization as a developmental process, rather than a single, achievable state (Leclerc, Lefrançois, Dubé, Hébert, & Gaulin, 1998).

An individual may work toward self-actualization through such activities as being open to life experiences, developing a curiosity and wonder about life, and acting in ways that are congruent with their thoughts and emotions. The further along one proceeds in their process of self-actualization, the more an individual may experience a number of positive outcomes that are directly related to his/her relationship to self and others. Namely, individuals with high levels of self-actualization are expected to report higher levels of positive mood, healthy relationships, and general well-being (Leclerc, Lefrançois, Dubé, Hébert, & Gaulin, 1998).

Alternatively, when individuals are unable to manage conflicts between self-oriented and socially prescribed values, they are prone to experience decrements in their sense of positive regard from self and others. In response, these individuals may begin to cope by suppressing their thoughts, emotions, and instincts in favor of attending to the social norm (Green & Burke, 2007). The experienced struggle between both expressing and repressing emotions may contribute to incomplete or insincere understanding of self. If an individual is continually trapped between opposing forces (self-oriented needs and meeting the expectations of others), he/she may be prone to experience negative mood states that take the form of anxiety and depression (Rogers, 1969).

Although Roger's theory (1969) considered the development and acceptance of the Self as a developmental process, it remains somewhat dependent on the positive regard of others. Since the opinion of others is outside the control of any given individual, self-actualization can be difficult to achieve and maintain autonomously. An individual's regard from others is typically in a constant state of flux, so by extension their self-regard would be equally variable. To achieve a more robust understanding of Self, a theory is needed that incorporates Roger's

ideas of self-acceptance and emotional expression while decreasing the individual's unhealthy dependency on the regard of others.

Bowenian Model. The originator of IFS Therapy, Dr. Richard Schwartz (1995), states that IFS was strongly influenced by the Bowenian Model of family systems theory. This model includes several concepts relevant to this review including "self-differentiation" and "fusion". According to the Bowenian Model, these concepts can be present to varying degrees within an individual or family system. Similarly, they can promote or inhibit psychological health and well-being based on how each concept influences an individual's response style and coping.

Self-differentiation refers to an individual's ability to separate intellectual and emotional components in oneself or from one's family. In addition, differentiation of self promotes cognitive and emotional flexibility, resilience, wisdom, and emotional balance. A person with a healthy level of self-differentiation is able to reflect on, rather than react to, emotionally-charged events and difficult interpersonal relationships. Additionally, the ability to tolerate family discord and difficult emotions allows them to more easily identify personal needs, express emotions, and maintain calm, clear thinking during difficult circumstances (Nichols, 2010).

In contrast, Bowenian theory states that family systems with high levels of anxiety tend to inhibit self-differentiation processes in family members. Thus, family members are more prone to "fusion," or excessive emotional enmeshment and reactivity. Such individuals' close contact and reliance on others may create conflict, decrease their sense of emotional stability, and prevent the development of self-soothing coping strategies. The combination of these factors makes such individuals more vulnerable to psychological difficulties such as depression (Nichols, 2010).

Empirical support has also highlighted the importance of self-differentiation in psychological health and coping. Such studies have connected increased levels of self-differentiation with overall higher levels of psychological health indicators like self-esteem (Chung & Gale, 2006). In addition, self-differentiation seems to buffer against symptoms of depression (Chung & Gale, 2006), though this relationship may be mediated by cultural factors (Gushue & Constantine 2003). The inverse relationship between self-differentiation and depression has also been demonstrated across time in young adults. Interpersonal well-being, in particular seems to increase when there are decreased levels emotional reactivity (Skowron, Stanley & Shapiro, 2009). Finally, some evidence even suggests that higher amounts of self-differentiation may contribute to lower severity of depression symptoms and fewer physical ailments influenced by depression (Murray, Daniels & Murray, 2006).

Although theoretically and empirically sound, the Bowenian model does demonstrate certain limits. Namely, its emphasis on family systems leads to diminished utility for intrapsychic and individual use. Any individual practice still tends to focus primarily on family issues and other interpersonal relationships rather than intrapsychic processes. Furthermore, individual therapy based on Bowenian theory generally requires high levels of motivation, a trait that is generally depleted in individuals with depression and many other psychological issues (Nichols, 2010).

Jungian Model. The development of the Self is most prominently discussed within the confines of Jung's Analytic Theory (Jung, 1954). In the Jungian model, an individual's unconscious is thought to be composed of various internal subpersonalities, called "archetypes." These archetypes are characterized by various roles, impulses, or undesirable emotions. One of the most prominent archetypes within Jung's model is the Self. The Self is thought to provide

organization and integration to the internal system of personality. With the help of the Self, detrimental or destructive impulses may be appropriately organized and expressed. When the Self is emphasized within one's unconsciousness an individual displays increased awareness and expression of emotions. Because these emotions are acknowledged and expressed appropriately rather than repressed, the person is more likely to experience a high degree of well-being (Hollis, 2000).

However, without regulation, impulses might become destructive or be expressed in inappropriate contexts. Prominence of other archetypes (e.g., Shadow and Persona) within the consciousness may squelch the impact of the Self within an individual's unconscious. Without access to the influence and energy of the Self's resources, a person may experience feelings of fatigue, difficulty concentrating, lack of motivation, and other symptoms associated with impaired psychological functioning. In contrast, if unacceptable drives are overly suppressed, a person may lose the positive capacities of these impulses as well. For example, a person who suppresses their anger may also lose their ability to stand up for themselves or assert their needs in appropriate ways (Jung, 1959).

Compared to other theories related to Self functioning, Jung emphasized the interaction of the Self concept with other important aspects of an individual's internal system. This dynamic provides an integrated focus for understanding the internal mechanisms of an individual, so that impulses can be expressed in positive, meaningful, and appropriate ways. However, Jung's theory holds several important limitations in terms of how we understand the functioning of the Self in different contexts. For one, Jung's view of the Self as an archetype is relatively unidimensional. Because the Self is often defined solely by its role as the organizing aspect of an individual's inner world, researchers have difficulty conceptualizing how different aspects of the

Self promote or inhibit psychological symptoms and behaviors. Moreover, archetypes, including

the Self, are defined by their roles within an individual's psyche rather than being perceived as

their own independent entity. This approach unnecessarily restricts a person's perspective on

their archetypes, inhibiting insights concerning the development of one's thoughts, feelings, and

motivations. Furthermore, Jungian theory often labels archetypes as either adaptive or

maladaptive based on a singular definition. This practice, by its very nature, decreases the self-

acceptance necessary to integrate functioning within a person's system and accept all parts of

oneself.

IFS Concept of Self

Considering the limitations of established Self constructed theories, the IFS theory offers

a unique and robust means of defining the Self concept and examining its impact on the

development of certain psychological states and conditions. Importantly, the IFS composition of

Self is dynamic and delineated by eight components (e.g., compassion, connectedness,

confidence, etc.) that are well-recognized and measurable by today's standards. Moreover, the

Self concept can be understood independently or in conjunction with other parts to activate the

development of specific psychological conditions and traits. As whole, these two attributes offer

researchers a theoretically grounded, measurable, and integrative approach to examine how

specific Self-related components contribute to the onset, maintenance, and exacerbation of

specific psychological difficulties, like depression.

Self and Depression

Although the IFS concept of Self has not been associated with depression, there are a

number of Self-related components (e.g., compassion, connectedness, and confidence) that are

known to protect individuals against the onset of depression. The following sections detail some proposed connections by which the Self is inversely associated with depression.

Compassion. Although all of the eight C's are important, compassion for self and others appears to be particularly salient in stabilizing and enhancing mood. In IFS theory, compassion is defined by the observation of suffering and the wish to relieve painful emotive output (Schwartz, 2001). The need to relieve emotional pain may be considered via other-oriented (compassion for others) or self-oriented (compassion for self) strategies. Incidentally, higher levels of compassion offer several emotional and psychological benefits (Neff, 2003; Neff, 2010). Having compassion for oneself or others allows a degree of healthy separation from overwhelming emotions and past experiences, which facilitates a deeper and more complete level of emotional and cognitive well-being. Namely, compassion is thought to provide increased perspective, clarity, and efficiency regarding how past experiences affect current behaviors as well as what actions are necessary to resolve such issues. When reviewing negative past experiences, compassion also allows an individual to treat themselves with greater kindness as opposed to criticism or self-punishment (Neff & McGehee, 2010).

The benefits of self-compassion are not only intrapsychic but also extend to a person's external world. IFS theory states that, when people increase their compassion toward themselves, they also alter the way they relate to others. Namely, compassion for oneself often precipitates empathy, reflective consideration, and emotional responsiveness to the needs and difficulties of others. As such, individuals with high levels of self compassion are likely to demonstrate decreased negativity, criticism, and reactivity in their relationships (Schwartz, 2001).

In contrast, depression symptoms appear rooted in compassion-depleting components that foster high self-criticism, negative reactions to perceived failures, and excessive concern

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regarding others' approval and acceptance (Dunkley, Zuroff, & Blankstein, 2003). According to vulnerability models of depression, low self-compassion traits (e.g., perfectionism) persist before, during, and after depressive episodes, leaving individuals prone to re-experience depressive symptoms when faced with conflict or stress (Rice & Aldea, 2006). In response to these vulnerability theories, researchers are highlighting and teaching self-compassion skills as a means of protecting/buffering against the onset and exacerbation of depressive symptoms.

For instance, Gilbert (2000) promotes the role of compassion in the treatment of individuals with depressive symptoms. Gilbert states that depression becomes most severe when an individual views himself/herself as being his/her negative emotions rather than experiencing said emotions. For example, a person may think that they are fundamentally worthless instead of perceiving that they are experiencing feelings of worthlessness. Through practicing self-compassion, an individual is able to separate from their perceptions of negative self and view depressive states as more temporary and changeable (Gilbert, 2000).

The influence of compassion on depressive affect has also been demonstrated in previous empirical investigations. Notably, research has consistently revealed significant inverse relationships between measures of self-compassion and depressive symptomology (Neff, 2003). Self-compassion also is a robust predictor of severity of depressive and mixed depressive-anxious symptoms, accounting for ten times more unique variance than other positive psychological process such as mindfulness (Van Dam, Sheppard, Forsyth, & Earleywine, 2011). Additionally, research suggests that teaching self-compassion is protective against several negative health outcomes and psychological traits associated with the experience of depression. Research has demonstrated that people who learn to practice self-compassion show decreases in loneliness (Akin, 2010), rumination and stress (Samaie & Farahani, 2011), depression and

anxiety (Van Dam, Sheppard, Forsyth & Earleywine, 2011), and physiological arousal, tension, and pain (Wren et al., 2011). Such individuals have also demonstrated increases in known protective factors of depression including resilience (Neff & McGeehee, 2010), relationship health (Baker & McNulty, 2011), and overall well-being (Neff, 2011).

Connectedness. Theoretically, the Self is also related to the concepts of intrapersonal and interpersonal connectedness. According to IFS theory, the Self promotes emotional stability and healthy processing of emotion within an individual's internal system. Therefore, individuals with greater access to Self generally possess fewer and/or constrictive negative or extreme emotions that hamper the development of instrumental social relationships. In addition, healthy containment of negative emotions also facilitates the development of intrapersonal stability which in turn allows individuals to present positive self-qualities to others and maintain interpersonal relationships. Finally, individuals with high levels of connectedness are also less likely to react in an extreme manner when they perceive conflict with or rejection from others, thus increasing the likelihood of relationship repairs when conflicts do occur (Schwartz, 2001).

Moreover, the inability to connect to others is salient in many theories of depressive symptoms and maladaptive health. According to the relational-cultural model, human growth is reflected in the capability to move toward connections with others throughout the lifespan (Jordan, 2001). Fragmentation within these efforts often generates affective instability marked by core depressive features including withdrawal, hopelessness, and anhedonia. The lack of drive or inability to connect to others is also a prominent aspect in other more widely accepted theories of depression. For example, social development theories pertaining to adolescence and young adulthood posit that deficits associated with the ability to create and maintain interpersonal relationships are salient risk factors in the development of emotional dysregulation (Zarb, 2007).

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Considering the salience and potency of interpersonal resources in these stages of life, the inability to connect to others often stymies the development of coping efficacy and a stable self-concept, which when depleted often contribute to the development of acute depressive symptoms (Diehl & Hay, 2010; Molloy, Ram, & Gest, 2011; Prelow, Weaver, & Swenson, 2006). Incidentally, the negative effects of disconnection on adolescent/young adult depression are often perpetuated into later stages of life. Linehan (1993) posits that youth who have deviated from normal socialization pathways fail to acquire numerous cognitive, emotional, and behavioral skills that facilitate meaningful and durable personal relationships in middle and late adulthood. As a result, depressive symptoms stemming from skewed interpersonal relationships are likely to persist and intensify with age.

Inverse relationships between depression and social connectivity have been consistently found within the literature. For instance, Hagerty and Williams (1999) found that impaired social connectedness is a unique predictor of depressive symptoms. In addition, social connectedness was found to mediate the relationship between depression and robust risk factors such as self-esteem and social competence. Finally, social connectedness has been shown to play a particularly important role in the development and maintenance of depressive symptoms. Importantly, people who experience subjective decrease in feelings of interpersonal connectedness may develop several traits related to depression, such as loss and abandonment, helplessness, and dependency on others (Williams & Galliher, 2006). These traits make such individuals more sensitive to interpersonal conflict and rejection, thus disrupting their ability to create and maintain healthy social relationships. This, in turn, reinforces feelings of abandonment and helplessness, thus perpetuating the cycle of depression (Blatt & Zuroff, 1992).

Confidence. The IFS model also places emphasis on the concept of confidence as one of the underlying qualities of the Self. Confidence is delineated by feelings of certainty and trust that one can take care of oneself. This is important because, according to IFS theory, emotional instability tends to come, not from the external attack on the psyche, but on the tendency to fear that these external negative evaluations of oneself are valid and the corresponding reactions of Parts to such fears. If an individual is low in self-confidence, they may be more likely to react defensively to such external attacks, becoming self-critical, engaging in cognitive distortions, or reacting externally in ways that may harm interpersonal relationships. Furthermore, all of these factors may exacerbate existing mood issues. In contrast, an individual with high self-confidence possesses a strong sense that he/she will be able to process these emotions in a healthy manner, ultimately reducing the likelihood of becoming reactive and self-critical (Schwartz, 2001).

Deficits in self-confidence are thought to contribute to the development of depressive symptoms in a variety of ways. Lack of certainty regarding the self-concept can engender negative self-evaluation in the form of self-criticism and self-blaming. In turn, such negative self-evaluation may maintain emotional difficulties through the exacerbation of negative thinking styles, cognitive distortions, and feelings of helplessness and hopelessness (Wilson & Rapee, 2004). Such theories are supported by previous evidence which indicates that depressed individuals experience greater difficulties with self-criticism and shame (Pauley & McPherson, 2010). Deficits in self-confidence can also affect individuals' social wherewithal, an area of great significance in the onset and maintenance of depressive symptoms (Steger & Kashdan, 2009). Because individuals suffering from depression lack confidence in their own judgment, they tend to give considerable weight to the judgments and opinions of others. Therefore, when an individual with low self-confidence receives negative social feedback, they are less likely to

independently evaluate the validity of such feedback and maintain emotional stability (Stopa, Brown, Luke & Hirsch, 2009). This process bears strong similarity to the manner in which depressed individuals process and respond to such social feedback (Nepon, Flett, Hewitt & Molnar, 2011). Furthermore, individuals with an uncertain sense of self generally experience lower motivation for positive change and are less confident in their decisions that might alter their negative circumstances. Thus, when low self-confidence may lead to negative self-evaluation or actual decreased performance, these people have greater difficulty enacting positive change to alleviate such difficulties.

In the literature, self-confidence is a stable construct that bears a strong similarity to the well-established concept of self-efficacy (Bandura, 1977; Zulkosky, 2009). In previous research, self-efficacy has been defined across several different dimensions, such as cognitive, emotional and behavior, but is generally known as the confidence that one has in their ability to handle novel and challenging situations. In terms of cognition and emotion, individuals with low self-efficacy tend to be report more depressive and pessimistic outlooks on life, whereas a strong sense of self-efficacy can facilitate cognitive performance and academic achievement. Behaviors related to high levels of confidence include increased motivation, approaching tasks as challenges, and decreased avoidance of difficult tasks (Zulkosky, 2009).

Self-confidence has also been connected to improved mental and physical health outcomes. In particular, Self-confidence in college students is related to improved ability to complete work, decreased levels of perceived stress, and lower rates of depression (Byrd & McKinney, 2012; Zulkosky, 2009). This relationship is thought to exist, at least in part, due to the effect of self-confidence on the ability to influence positive change in behavior (Lenz & Shortridge-Baggett, 2002). Furthermore, while personality characteristics such as type A

behavior and perfectionism have been shown to be related to depression outcomes, self-confidence seems to buffer against depressive symptoms (Flett, Panico & Hewitt, 2011).

This brief review provides three examples of dimensions of the IFS concept of Self and their relationship to very similar, well-established constructs in the psychological literature. While each of these qualities provides important insight into the nature of depressive symptoms and their treatment, the IFS concept of Self lends a more robust and dynamic understanding of how these many concepts might be integrated to promote even better and more permanent positive health outcomes. As such, empirical research on the IFS concept of Self is greatly needed.

Indirect Pathways Between the Self and Depression

While the literature supports the idea that the Self is inversely related to outcomes such as emotional distress and depression, far less is known about the specific mechanisms that explain this relationship. It is possible that the association between the Self and depression may be mediated through important psychological processes. Specifically, psychoanalytic theories posit that depressogenic symptoms are often a product of immature defense styles that are activated during periods of stress, conflict, and confusion (Kwon & Lemon, 2000). As such, it is possible that defense mechanisms may play an integral role in how we understand the relationship between the Self and depression.

Examining indirect pathways by which the Self is related to depression is important and cannot be overstated. Understanding the dynamics that underlie the relationship between the Self and symptoms of depression may inform both the theoretical underpinnings and application of this concept. For example, teaching individuals how to quickly and easily access their Self may alleviate or protect against depressive symptomology. In addition, identifying particular defense

mechanisms (Protectors) that mediate or inhibit this relationship may increase our understanding of the factors related to depression and provide targets for more focused interventions.

Current Study

To date, few, if any, empirical investigations have examined the associations among the Self (as conceived by IFS theory), Manager/Firefighters, and depressive symptoms in a sample of college students. As a result, the present study was designed to investigate the following questions: (1) is there a significant relationship between the Self and depression in a sample of college students?, (2) are specific Managers/Firefighters uniquely predictive of college student depression scores? and (3) is the relationship between the Self and depression mediated by specific Managers/Firefighter?

Based on IFS theory, it was expected that the Self would be negatively associated with depression scores. It was also expected that a linear combination of Manager/Firefighters would predict a unique amount of variance in depression scores. Finally, it was hypothesized that mood specific Manager/Firefighters would mediate the relationship between the Self and depression.

CHAPTER 3

METHOD

Participants

The data was collected from a sample of 203 college students who received counseling services at the Georgia Southern University or the Savannah College of Art and Design (SCAD). The sample of students ranged in age from 18-54 years old with a mean age of 22.18 (SD = 4.85) years. The majority of the sample identified as women (n = 162, 79.8%) with men (n = 35, 17.2%) and transgender (n = 6, 3.0%) participants making up smaller proportions of the respondent sample. Participants predominantly self-identified as White, non-Hispanic (n = 139, 68.5%), followed by Hispanic-American (n = 20, 9.9%), African-American (n = 16, 7.9%), and Asian/Asian-American (n = 11, 5.4%). Approximately 8.4% (n = 17) of the sample identified as "Other." Furthermore, participants were relatively evenly distributed across academic year: Freshman (n = 43, 21.2%), Sophomore (n = 39, 19.2%), Junior (n = 48, 23.6%), Senior (n = 42, 20.7%), and Graduate/Professional degree (n = 31, 15.3%). Regarding rurality, 86.2% (n = 175) of the sample identified as non-rural and 13.8% (n = 28) identified as rural.

Participants were offered the chance to participate in a raffle drawing for four (4) $25 Wal-Mart gift cards and one (1) $100 Wal-Mart gift card. Participation in this study involved completing an online survey including a demographic questionnaire, the IFSS, and the CES-D-10. Completion of this survey took approximately 10-15 minutes. Regarding sample size, 203 participants were recruited for the study.

Procedure

Students were recruited to participate in the study via the college counseling centers at which they were seeking services. Due to the different policies and procedures set forth by the

directors of the college counseling centers concerning research, participants were recruited in two different ways.

Georgia Southern University. Upon receiving their intake information at the Georgia Southern Counseling Center, students were given a GSU Counseling Center handout which stated the purpose of the study, described incentive information, and indicated the internet address of the survey. By following the instructions provided to them on their GSU Counseling Center handout students were asked to follow a link that directed them to Surveymonkey.com, an approved, data collecting site supported by the researcher's dissertation committee. The link directed students to the informed consent portion of the online survey.

Savannah College of Art and Design. A different process of recruitment was used for interested students at the Savannah College of Art and Design Counseling Center. Students who chose to participate in the survey through the Savannah College of Art and Design Counseling Center were offered a choice between taking the survey from their own homes or directly at the counseling center via computers in a private area. All interested students were given a handout that stated the purpose of the study, described incentive information, and provided the internet address of the survey. The handout also informed interested students that they can take the survey from any computer at any point in the day.

Administration. Once students reached the survey web-address, they were asked to thoroughly read through the informed consent procedures, including conditions for participating in the study which noted that they could stop their participation in the study at any time without negative consequences. Participants were asked to electronically sign the informed consent page by typing their name in a designated text field. After giving their consent to participate in this study, they were directed to a survey that included a demographic questionnaire, the IFSS, and

the CES-D-10. After completing these questionnaires, participants were directed towards a debriefing page that further explained the goals of the research and provided information regarding free to low cost mental health services that they could access using a toll free phone number or the internet. Contact information for the participants' respective counseling centers was also displayed. The final page of the survey provided incentive information regarding the gift card raffle. If the participants desire to be entered in the raffle drawing, they were asked to e-mail their contact information to the primary investigator at an e-mail address that has been created solely for research purposes, as a secure means of ensuring anonymity and facilitating the delivery of electronic gift cards to the winning participants.

Data Storage. Surveymonkey.com stored all entered data onto a Microsoft Excel ® spreadsheet. The primary researcher retrieved the data from SurveyMonkey.com once the survey was closed. The data was then transferred from an excel spreadsheet to an SPSS data file. Once all data was loaded onto an SPSS file, the primary researcher deleted all data responses from SurveyMonkey.com. Data within the SPSS file was password protected and will be stored on a secure hard drive for five years.

Measures

Internal Family Systems Scale (IFSS). The organization of the participants' internal system was measured using several different subscales of the IFSS. The IFSS is comprised of 57 randomly arranged items that are scored on a 5-point Likert scale (1 = Never/Almost Never to 5 = Always/Almost Always). The scale is designed to provide a profile of an individual's internal system, indicating both polarizations that are present within the system and what types of Protectors are responsible for such polarizations. Higher scores generally indicate the presence of

more extreme parts and greater overall polarization. Due to the nature of the questions, five of the 57 items are reverse-scored.

The IFSS is made up of 9 subscales, eight of which will be used in the current study. The Self scale (n = 9, total score range = 9 to 45) measures for a person's ability to separate from their Parts and experience a mental and emotional state characterized by the "eight C's" of Self (calm, clarity, courage, creativity, connectedness, curiosity, compassion, and confidence.) In our study, the Self subscale demonstrated good internal consistency (α = 0.83). The IFSS also includes seven other Protector scales that measure for what types of parts are dominating the participant's internal system and how extreme these parts tend to be. These Protector scales include : Addictive/Impulsive (n = 5, total score range = 5 to 25), Anxious/Pessimistic (n = 7, total score range = 7 to 35), Self-Critical (n = 6, total score range = 6 to 30), Raging (n = 4, total score range = 4 to 20), Dissociating (n = 5, total score range = 5 to 25), Pleasing/Abandoned (n = 7, total score range = 7 to 35), and Self-Harming (n = 5, total score range = 5 to 25). The IFSS also demonstrated excellent construct validity as it displayed the ability to differentiate between high-trauma and low-trauma populations (DeLand, 2003). In the current study, all of these subscales demonstrated good to excellent internal consistency with Cronbach's alpha values ranging from α = .75-.90: Addictive/Impulsive (α = .90), Anxious/Pessimistic (α =.75), Self-Critical (α =.82), Raging (α =.83), Dissociating (α =.87), Pleasing/Abandoned (α =.86), and Self-Harming (α =.88).

Center for Epidemiological Studies Depression Scale-10. The Center for Epidemiological Studies Depression Scale, 10-item version (CES-D 10) is a brief screening tool for depressive symptoms. Participants indicated the degree to which they have experienced each of the ten symptoms based on a 4-point Likert scale (0 = "Rarely or None of the Time to 3 = "All of the

Time"). Scores range from 10-30 with higher scores indicating a greater severity of depressive symptoms. The CES-D 10 has demonstrated solid internal consistency ($\alpha = .86$). It has also demonstrated excellent construct validity as evidenced by a positive correlation with poorer health status scores ($r = .37$) and a strong negative correlation with positive affect ($r = -.63$). It also displays good test-retest reliability ($\alpha = .71$) (Andresen et al, 1994; Carpenter et al., 1998). In the current study, the CES-D 10 demonstrated good internal consistency ($\alpha = .87$).

Proposed Analyses and Results

Bivariate correlations were examined to determine if significant relationships existed among the variables within the study. After analyzing the univariate relationships, the author performed a stepwise regression to determine which IFS Protector subscales contributed the most unique variance to depressive symptoms. Robust predictors of depression were then examined as mediators within the Self-depression relationship.

CHAPTER 4

RESULTS

Main and Interaction Effects for Gender and Rural Status

A 2x2 factorial MANOVA was performed by gender and rurality. The dependent

variables for this analysis were the IFS Self subscale, the IFS Protector subscales, and the CES-

D-10. The MANOVA yielded significant effects for both gender, *Wilks' Lambda* (9, 185) = .91,

$p = .03$, $\eta^2 = .09$, and rural status, *Wilks' Lambda* (9, 185) = .88, $p < .05$, $\eta^2 = .12$; however, there

was no significant interaction between these two variables (*Wilks' Lambda* (9, 185) = .92, $p =$

.09, $\eta^2 = .08$).

Due to the significant effects found in the 2x2 factorial MANOVA, follow-up ANOVAs

were conducted. The analysis found a significant main effect for gender on only the Self-Critical

subscale ($M = 22.55$, SD = 4.62). Specifically, women ($M = 22.85$, SD = 4.43) displayed higher

scores on the Self-Critical subscale than men ($M = 21.14$, SD = 5.49).

There was also a significant effect in terms of rural status on the Self-Critical subscale

with participants from non-rural ($M = 22.75$, SD = 4.62) displaying higher levels of self-criticism

than those from rural backgrounds ($M = 21.32$, SD = 4.85). There was no univariate interaction

between rurality and gender.

Bivariate Correlations

Pearson's Product Moment Correlation Coefficients were used to determine if significant

relationships existed among the variables. Of importance, the IFS Self subscale was inversely

related to the depression outcome measure ($r = -.68$). In addition, depression scores were

significantly associated with all of the IFS Protector subscales in the expected directions (see

Table 2). Furthermore, the IFS Self subscale was significantly related to all IFS Protector subscales in the expected directions as well (See Table 2).

Stepwise Regression

In order to determine which IFS Protectors were most salient in predicting severity of depression symptoms, a stepwise regression model was examined whereby the IFS Protector variables were the predictor variables and the depression score was the outcome variable. The model produced five significant steps. In the first step of the regression model, the Dissociating subscale predicted 44% of the variance in depression scores, $R^2 = .44$, $F(1, 201) = 155.32$, $p = .00$. In the next step, the Self-Criticism subscale predicted an additional 10% of the variance in depression scores, $R^2 = .54$, $F(1, 200) = 115.98$, $p = .00$. In the third step, the Anxious/Pessimistic subscale predicted an additional 3% of the variance in depression scores, $R^2 = .57$, $F(1, 199) = 88.44$, $p = .00$. In the fourth step, the Addictive/Impulsive subscale predicted an addition 2% of the variance in depression scores, $R^2 = .59$, $F(1, 198) = 72.31$, $p = .00$. In the fifth step, the Raging subscale predicted an additional 1% of variance in depression scores, $R^2 = .60$, $F(1, 197) = 103.71$, $p = .00$ (see Table 3).

Mediation Models

Before mediation modeling was attempted, all independent variables, dependent variables, and mediators were examined to determine if any relationships existed between them. All variables were found to be related, thus meeting Baron and Kenny's (1986) conditions to construct mediation models. Despite five regressions being statistically significant, only mediation relationships for the Dissociating, Self-Critical, and Anxious/Pessimistic subscales, were found to be so when mediation models were evaluated. The other two scales,

Addictive/Impulsive and Raging, were not found to be practically significant. All beta weights, p-values, and t-scores can also be found in table 3.

In the first model, the interrelationships among three variables (Self subscale, depression scale, and Dissociating Protector subscale) were examined. The Dissociating Protector subscale attenuated the relationships between the IFS Self variable and the depression scale ($\Delta\beta = .23$; *Sobel's Z* = 7.88, $p < 0.01$). However, even after considering the impact of the Dissociating Protector, the relationship between the Self subscale and depression scale was still significant ($\beta = -.45$, $p < 0.01$), suggesting partially mediating effects. The linear combination of the Self variable and Dissociating Protector variable predicted 57% of the variance in depression subscale scores in the final step of the path model, $F(2, 200) = 130.81$, $p < .01$.

In the second model, the relationships between the Self subscale, depression subscale, and the Self-Critical Protector subscale were evaluated. The Self-Critical subscale attenuated the relationship between the IFS Self variable and the depression scale ($\Delta\beta = .16$; *Sobel's Z* = 7.48, $p < 0.01$). Despite impact of the Self-Critical Protector subscale, the relationship between the Self subscale and the depression scale was still significant ($\beta = -.52$, $p < 0.01$), which, like the previous model, suggested partially mediating effects. The linear combination of the Self variable and Self-Critical Protector variable predicted 51% of the variance in depression subscale scores in the final step of the path model, $F(2, 200) = 102.34$, $p < .01$.

In the third model, the relationships between the Self subscale, the depression subscale and the Anxious/Pessimistic subscale were evaluated. The Anxious/Pessimistic Protector subscale reduced the relationship between the IFS Self subscale and the depression scale ($\Delta\beta = .19$; *Sobel's Z* = 6.91, $p < 0.01$). Still, the Self subscale variable and the depression scale maintained a statistically significant relationship ($\beta = -.49$, $p < .01$) which, like the two previous

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models, suggested partially mediating effects. The linear combination of the Self variable and

Anxious/Pessimistic Protector variable predicted 56% of the variance in depression subscale

scores in the final step of the path model, $F(2, 200) = 125.30$, $p < .01$.

CHAPTER 5

DISCUSSION

The current study sought to investigate the following questions: (1) is there significant relationship between the IFS concept of the Self and depression scores in a sample of college students?, (2) are there significant relationship between IFS concepts of Managers/Firefighters and college student depression scores? and (3) is the relationship between the Self and depression mediated by specific Managers/Firefighters? At a theoretical level, this study also sought to bridge the gap between current pathology-based explanations of mental illness and an IFS-based, non-pathological model by using the components measured under the Internal Family Systems Scale (IFSS) to predict depression scores. While psychological outcomes, in general, are of interest, depression was chosen as an outcome measure due to its wide prevalence in the general population of college students. Through the investigations, several interesting and relevant outcomes were revealed.

Gender Differences in the IFSS Subscales

Significant gender differences were found among scores on the Self-Critical Protector subscale of the IFSS. Specifically, women tended to display higher scores (M = 22.85, SD = 4.43) than men (M = 21.14, SD = 5.50) on the Self-Critical subscale. This finding suggests that women tend to report higher rates of self-judgment and self-criticism. This finding is somewhat inconsistent with previous empirical research regarding the relationship between gender and self-critical coping. Blatt (2004) theorized that Western societal values indicate that men should achieve growth through independence by fostering a more self-critical style in order to boost performance and assure achievement. In contrast, Blatt also theorized that women, who are

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stereotypically thought to be less achievement-oriented, are less self-critical and have a higher tendency toward social relationships and attachments.

However, multicultural and feminist theories may explain why women report slightly higher scores on self-criticism compared to men. Social expectations placed on women are more strenuous when compared to men. Specifically, women who seek to be respected and achieve are expected to adopt more masculine traits in their pursuit (Wong, Kettlewell & Sproule, 1985). In addition, women are more likely to be discriminated against because of their gender, therefore, they may make attempts to overly monitor their performance and how it is being perceived by others (Samuels & Ross-Sheriff, 2008). This theory is supported by research in which women's self-criticism has been correlated with increased concentration on self-presentation and higher levels of achievement striving (Mongrain & Zuroff, 1995). By taking a self-critical stance, women are more likely to minimize any socially unacceptable behaviors, thereby reducing their chances for social rejection and increasing their chances of personal and professional success.

Further research related to gender differences and the self-critical subscale is needed. Such studies might wish to explore what types of specific, early life experiences may contribute to increased development of self-critical coping style and how such coping styles vary by gender. Also, while previous research has explored the role of the self-critical coping styles and their effect on overall well-being and mental health, less is known regarding what core issues related to the Self these styles may defend against (i.e. feelings of worthlessness, perceived failure, striving to achieve approval of authority figures). It is important that future research consider these areas.

Rural Differences in the IFSS Subscales

The results of our study also revealed higher levels of Self-Critical Protectors among non-rural participants (M = 22.75, SD = 4.62) as compared to rural participants (M = 21.32, SD = 4.84). This finding is consistent with previous research. Historically, rural community members experience higher rates of financial difficulties, education problems, and mental health issues as compared to their urban counterparts who generally have higher access to quality healthcare. One compensatory strategy of rural residents is an increased focus on community and a sense of regional pride. It is possible that such a sense of pride creates a decreased tendency toward a self-critical style and, instead, promotes a culture of commonality and acceptance. Even on the level of the individual, rural citizens are predisposed to cultural values such as resilience and self-reliance, which can all help buffer against a self-critical relational style (Fowler, 2012).

While IFS theory has not specifically delineated how a rural setting might impact the defensive formation of Protective parts in a self-critical manner, it is believed that any theory developed would be similar to the previous established empirical findings. Namely, that the increased emphasis on community in rural settings promotes a greater sense of connection and acceptance, thereby decreasing the need for self-critical Protective parts (Fowler, 2012). However, more research is needed on this topic. In the future, researchers may wish to consider how cultural values specific to rural settings (i.e. self-criticism in women, stoicism in men, religious beliefs, traditional gender roles, etc.) may contribute to the development of specific patterns of Protectors. For example, because stoicism has been found to be a culturally-valued trait in rural men (Murray et al., 2008), researchers may hypothesize rural that men might report higher scores on the Dissociating Protector subscale. Such research findings are important, as they may inform how non-pathological, culturally sensitive treatment options for rural populations may be implemented in an effective and culturally consistent manner.

The Self Subscale and Depression

Of note, our findings indicated a strong, inverse correlation ($r = -.68$) between the IFS concept of Self and a measure of depression, the CES-D-10. This result supports the importance of the IFS concept of Self as a correlate of emotional dyregulated mood variables. Specifically, it appears that having higher access to the inner resources of Self may buffer against psychological distress while lack of access to this same quality may be related to a more defensive coping style that promotes emotional dysregulation. Additionally, resources underlying the Self, such as compassion, confidence, and connectedness, appear important in how we conceptualize depression scores.

Contrary to the current medical model that views depression as a disorder or disease, the DSM-IV-TR states that the symptoms listed for all mental disorders are merely a common nomenclature by which clinicians can communicate and do not necessarily denote an illness (American Psychiatric Association, 2000). This supports the idea that depression might be understood, not as the underlying cause of psychological issues, but as the symptomatic or defensive manifestation of a different core problem. The IFS model mirrors this concept. Due to its nonpathological approach, the IFS model would not view depression as an illness or disease. Instead, IFS might view depression as a constellation of Parts in defensive roles which causes the inhibition of inner Self resources. When a person has decreased access to the eight C's of Self, it is likely that high levels of depression may result.

Considering the vast nature of the Self, it is important to examine pathways by which these components may protect against depression. Underlying qualities such as Calm and Clarity foster a balanced, undistorted view of life events that may be useful in the protection against the onset of depressive symptoms. In addition, a person that has increased access to the eight C's

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would exhibit a greater capacity to self-soothe (calm and compassion) and cope through interpersonal relationships (connectedness). Assuming that depressive symptoms are unable to be prevented, Self may also function in a more reactive sense. The presence of healthy coping through the eight C's may facilitate decreased duration of negative symptomology and prevent the maintenance of depression symptoms. In contrast, an individual that has decreased access to Self might develop a coping style that contributes to increased and prolonged symptoms of distress. For example, previous research has determined that, when a person is unable to display self-compassion, they tend to be more self-critical. Such self-criticism can play a significant role in exacerbating and perpetuating depression symptoms (Neff & McGehee, 2010). These pathways offer unique conceptualization of why the Self may be adversely related to depression. However, the design of the study does not allow for identification of specific causal chains to be revealed. Future experimental and longitudinal designs will need to be implemented to examine the pathways by which the Self exerts its influence on the presence or non-presence of depressive symptoms.

Overall, the relationship between Self and depression outcomes seems to be significant, in that higher levels of Self appear to be related to lower depression scores in outpatient students attending college. While this correlation seems to suggest the importance of the Self in relation to mental health, the role of Protective parts in the facilitation or inhibition of Self resources is less clear. Mediation modeling is useful in examining the unique role of different types of defensive mechanisms in the Self-depression relationship.

Mediation Models

As previous stated, describing depression as an illness may not adequately capture the true nature and complexity of the condition. According to IFS theory, when an individual

undergoes a real or perceived threat, Parts of the individual's psyche take on protective roles to help safeguard the individual's core sense of Self (Schwartz, 1995; Schwartz, 2001). From this perspective, it may seem appropriate to describe depression as a constellation of defenses that originally formed in response to a stressor or trauma. When viewed in this manner, such defenses can begin to be viewed as integral in understanding the relationship between the resources of the Self and the experience of mood dysregulation. IFS theory states that, when Parts become entrenched in protective roles, access to Self-leadership is diminished and individual's become prone to more emotionally-polarized thoughts, feelings, and behaviors (Schwartz, 1995). The results of the current study seem to support this idea. Our results indicate that the presence of strong psychological defenses inhibits, in part, the ability of an individual to access the qualities of Self, potentially leading the experience of depressive symptoms.

However, less is known about how different types of categories of Parts may affect an individual's access to Self, especially in the context of depression. It is important to consider that not all protective Parts are of the same type, thus they may not function in the same manner. Such differences in function may translate into correspondingly differential interruptions of Self. In other words, different types of Protectors may uniquely contribute to variance in the Self-depression relationship. Use of mediation modeling helps us to evaluate what Protectors are most inhibitory in this respect.

Dissociation. According to the results of the first mediation model, Dissociating Protectors partially mediate the relationship between the Self and depression ($\Delta\beta$ = .23; *Sobel's Z* = 7.88, *p* < 0.01). This result may indicate that the process of dissociating likely inhibits an individual's access to the core components of the Self in such a way that increases an individual's susceptibility to depressive symptoms. This finding mirrors other important work in

the literature. Specifically, emotional numbing/dissociating appears important in the 'shutting down' of an individual's affective system (Feeny, Zoellner, Fitzgibbons, & Foa, 2000). In addition, increased levels of emotional numbing have been associated with decreased access to intrapsychic resiliency resources, thereby inhibiting recovery from psychological stressors and psychopathological symptoms (Johnson, Palmieri, Jackson & Hobfoll, 2007). The current findings help integrate these results into a potential pathway by which college students may experience depression. Specifically, dissociating may restrict access to needed resources underlying the Self. If dissociating persists, then an individual is likely to experience depletion and confusion about their ability to manage life events, resulting in the experience of depression. Again, the cross-sectional nature of this study can only offer a stilled glance at the relationships among these variables. It is important that future research examine the inter-relationships among these three variables to validate possible IFS conceptualizations of depression.

Self-Criticalness. Protectors of the Self-Critical type predicted the second most variance in depressive symptoms. Previous research regarding self-criticism in college students has indicated that these tendencies toward self-criticism can intensify symptoms of depression (Neff, 2003). In addition to the direct effect between self-criticalness and depression, the finding highlights mediating effects of self-criticalness in the Self-depression relationship. There is some research that helps explicate the inter-relationships among these variables. Specifically, self-criticism has been found to be inversely correlated to protective cognitive and emotional states such as self-compassion (Neff & McGehee, 2010), a known resource underlying the IFS conceptualization of the Self. Therefore, it is possible that self-criticalness may detract from protective coping styles such as self-compassion, resulting in the onset of depressive symptoms. Overall, these findings suggest that self-criticalness is an important factor in explicating the

relationship between the Self and depression. However, future research is needed to further clarify the impact self-criticalness has on eliciting depressive outcomes. It is recommended that future research examine whether or not self-criticalness has a suppressing effect on self-compassion and if this suppressing effect can predict depressive symptoms over time.

Anxiety/Pessimism. After Dissociating and Self-Critical Protectors, Anxious/Pessimistic Protectors predicted the third most variance in depression symptoms. This finding is consistent with previous research regarding pessimism and depression outcomes, suggesting that higher rates of pessimism are related to increased depression outcomes (Swanhoim, Vosvick & Chwee-Lye, 2009). In contrast, dispositional optimism appears to be related to decreased symptoms of depression as well as lesser severity of depression-related behaviors such as suicidal ideation and attempts (Hirsch, Conner, & Duberstein, 2007).

In addition, Anxious/Pessimistic Protectors also partially mediated the relationship between the Self and depression. This finding suggests that Anxious/Pessimistic Protectors affect the Self in such a way as to produce greater reports of depression for a specific individual. Unfortunately, identifying the specific effect Anxious/Pessimistic Protectors have on the Self to produce greater mood dysregulation is beyond the scope of this study. However, previous research suggests that pessimism traits have been found to deteriorate one's sense of confidence (Alloy & Ahrens, 1987), which is one hallmark feature of the Self. Therefore, it is important that future researchers examine the onset and maintenance of depression through the interaction between the self-confidence portion of the Self and Anxious/Pessimistic defense styles.

Clinical Implications

While much of the previous research has been conducted on psychological states (e.g., depression), few studies to date have specifically sought to test the theoretical foundation of IFS

using sound research design and empirically-validated measures to predict depressive symptoms. This study is among the first, empirically-based studies to evaluate the theoretical underpinnings of the IFS model, and one primary purpose of this study was to extend our current understanding of IFS theory and its application to client populations, specifically university students.

First, our study has extended IFS theory by providing empirical evidence to support the idea that individuals with higher levels of Self tend to display lower levels of symptomology for one of the most common and prevalent psychological diagnosis in college, clinical depression. This finding is among the first to use research design and statistical methodology to support the concept of Self and its relationship to improved mental health and well-being. Furthermore, it provides a starting point to examine the relationship between Self and other psychological issues.

Second, the results of this study indicate that depression is a conceptually complex condition. The findings of the current study indicate that it is best conceptualized as an interaction between restricted access to Self components and rigid Protectors. In terms of conceptualization of the Self-depression relationship, Dissociating, Self-Critical, and Anxious/Pessimistic Protectors were highlighted as significant mediators. As a result, these findings suggest that mental health professionals might consider using the IFSS as a screener to identify college students at-risk for depression. Specifically, mental health professionals may need to look for patterns associated with low Self functioning and rigid/over-use of specific defense/coping strategies to identify those individuals who are at-risk for experiencing debilitative levels of depressive symptoms.

Thirdly, our results may indicate future directions for the treatment of clinical depression. Namely, therapists may be able to target specific defense/coping styles to help an individual achieve access to Self resources that naturally alleviate depressive symptoms. In addition, our

findings suggest that mental health professionals should continue to utilize treatments that activate natural resources (e.g., self-compassion and self-confidence) in decreasing reliance upon rigid defense/coping styles known to perpetuate depressive symptoms in college students. Internal Family Systems approaches may offer unique and creative ways to help therapist identify pathways that access these natural resources.

Limitations of the Current Study

It is important to note several limitations to the current study. Specifically, though the researcher attempted to draw the study's sample from two separate college settings, the majority of participants identified as students from one particular college. In addition, the specific nature of this college's curriculum may tend to promote enrollment of students with certain specific backgrounds and personality traits. Due to these sample characteristics, generalizations made from this data set to other, more traditional college students may be limited. Similarly, the sample was hardly representative of diverse ethnic, developmental, and sexual minority groups. Therefore, interpretations regarding the application of our findings to specific cultural groups should be made with caution. More empirical research is needed regarding the effect of various minority group statuses on such individuals' access to Self resources and patterns of Protectors.

Our data were also the result of self-report measures. As with any self-report measure, the influence of social desirability and demand characteristics should be considered. Specifically, individuals participating in the study may have exaggerated responses in an effort to give what they perceived to be desired answers to survey questions. In addition, self-report measures may also be affected by the participant's mood at the time of administration, level of personal insight and biases, or the participant's amount of personal investment, or lack thereof, in the survey. Further research needs to re-analyze these findings using alternative methods of personality

system evaluation is needed to alleviate such concerns. Finally, the cross-sectional design of the current study also presents limitations. The cross-sectional design limits causal interpretations of this study's data and results. Specifically, such a design can only speak to relationships between variables at one point in time and does not speak to longitudinal effects. More experimental and longitudinal investigations of these relationships are needed to strengthen proposed connections.

Conclusion

Our results indicate that there is a significant relationship between the IFS concept of Self and depression scores in college students. Specifically, Self seems to be inversely related to depression in college students. In addition, our data indicate that specific Protectors are uniquely predictive of depression outcomes. Furthermore, specific Protectors were found to mediate the relationship between Self and depression outcomes. Protectors of the Dissociating, Self-Critical, and Anxious/Pessimistic styles seem to be the most predictive of decreased access to Self and increase rates of depression symptoms.

These findings may be used to inform interventions for depression in terms of both general assessment and treatment as well as treatment based specifically on IFS theory. Based on our results, it seems important to identify what types of Protectors are predominant within an individual's personality symptom in an effort to decrease intrapsychic polarizations and increase access to Self resources such as compassion, courage, curiosity, and connectedness. Specifically regarding depression, clinicians may need to increase focus on particular types of Protectors that, based on our results, seem to foster depressive symptoms and inhibit Self, such as Dissociating and Self-Critical Protectors.

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Table 1

Means and Standard Deviations by Gender and Rural Status for Self, Depression, and IFS
Protectors

Variables		Rural Mean (SD)	Non-Rural Mean (SD)
Self			
	Male	25.67 (4.62)	32.06 (7.71)
	Female	29.12 (6.86)	30.61 (6.52)
Anxious/Pessimistic			
	Male	17.67 (1.53)	22.56 (5.88)
	Female	22.76 (6.02)	22.31 (5.60)
Rage			
	Male	7.67 (2.52)	8.00 (3.31)
	Female	8.88 (4.20)	8.26 (3.33)
Self-Harming			
	Male	8.67 (2.08)	7.50 (3.56)
	Female	7.48 (3.72)	8.85 (4.50)
Pleasing/Abandoned			
	Male	21.00 (5.29)	19.69 (6.59)
	Female	22.32 (5.79)	21.31 (5.98)
Addictive/Impulsive			
	Male	14.67 (3.06)	12.78 (3.88)
	Female	11.88 (4.01)	12.79 (3.95)
Dissociating			
	Male	13.43 (4.64)	13.28 (4.79)
	Female	12.28 (3.86)	12.99 (4.41)
Self-Critical			
	Male	16.33 (4.04)	21.59 (5.45)
	Female	21.92 (4.65)	23.02 (4.39)
Depression			
	Male	22.67 (3.06)	23.13 (7.70)
	Female	24.08 (7.92)	23.11 (6.49)

Table 2
Means, Standard Deviations and Inter-Correlations Among Variables

Variables	1 Self	2 Anx/Pes	3 Rage	4 S-Harm	5 P/A	6 A/I	7 Diss	8 S-Crit	9 D
1. Self		-.53**	-.42**	-.52**	-.59**	-.54**	-.58**	-.61**	-.68**
2. Anx/Pes			.40**	.43**	.45**	-.54**	.58**	.54**	.62**
3. Rage				.36**	.32**	.38**	.36**	.37**	.45**
4. S-Harm					.47**	.61**	.54**	.45**	.50**
5. P/A						.55**	.51**	.58**	.52**
6. A/I							.60**	.43**	.57**
7. Diss								.46**	.66**
8. S-Crit									.58**
9. D									
Mean	30.62	22.39	8.31	8.47	21.26	12.77	13.03	22.58	23.30
SD	6.73	5.66	3.44	4.23	6.15	3.94	4.34	6.49	6.77

** = Correlation is significant at the 0.01 level (2-tailed).

Legend: Self = Self subscale; Anx/Pes = Anxious/Pessimistic subscale; Rage = Raging subscale; P/A = Pleasing/Abandoned subscale; S-Harm = Self-Harming subscale; A/I = Addictive/Impulsive subscale; Diss = Dissociating subscale; S-Crit = Self-Critical subscale; D = Center for Epidemiology Depression Scale – 10-item version (CES-D-10)

Table 3

Stepwise Regression Statistics in the Prediction of Depression

Step		Beta	Std. Error	t-score	F_{change}	R^2_{change}
Step 1					155.32**	.44
	Diss	.66**	1.14	8.70		
Step 2					43.66**	.10
	Diss	.50**	.08	9.21		
	Self-Crit	.36**	.07	6.61		
Step 3					15.99**	.03
	Diss	.40**	.09	6.81		
	Self-Crit	.27**	.08	4.79		
	Anx/Pess	.25**	.07	4.00		

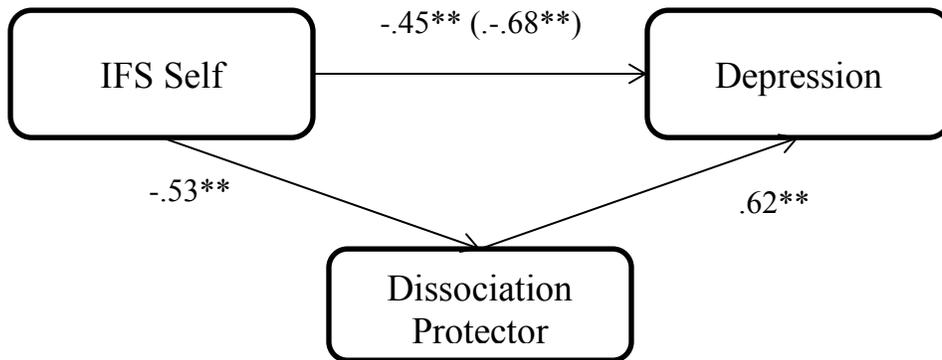** = Value is significant at the 0.01 level.

Model 1

Figure 1. Results of indirect and direct path models. Dissociation Protector variable is the potential mediator in the association between IFS Self and a measure of depression. All number reflect standardized beta weights (** = p < .01). The beta weight in the parentheses reflects the direct path between IFS Self and a measure of depression.
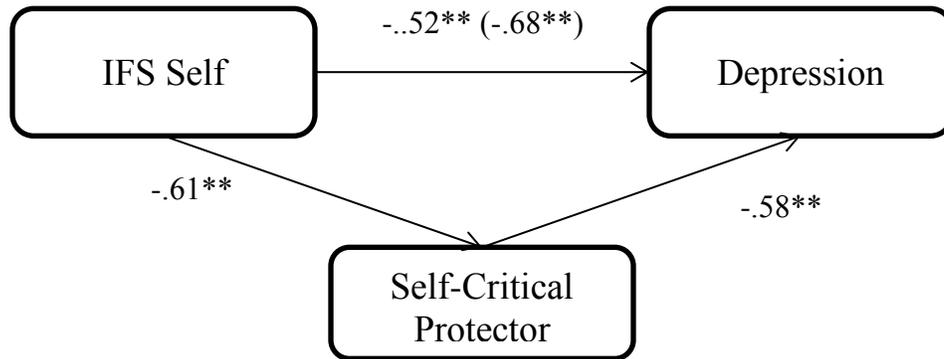
Model 2

Figure 2. Results of indirect and direct path models. Self-Critical Protector variable is the potential mediator in the association between IFS Self and a measure of depression. All number reflect standardized beta weights (** = p < .01). The beta weight in the parentheses reflects the direct path between IFS Self and a measure of depression.
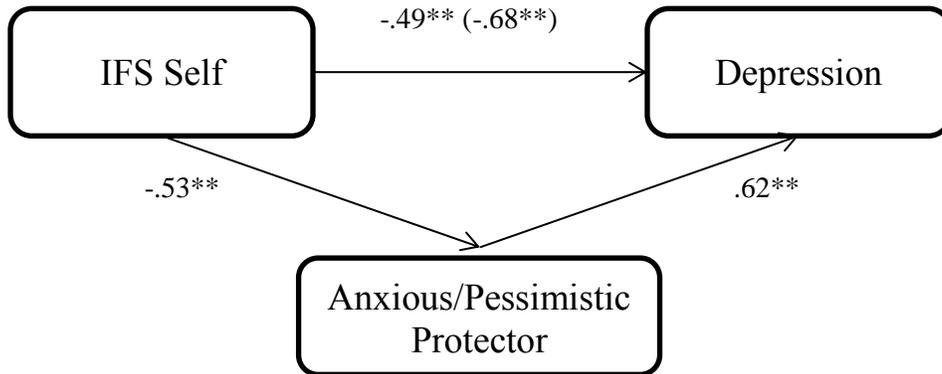
Model 3

Figure 3. Results of indirect and direct path models. Anxious/Pessimistic Protector variable is the potential mediator in the association between IFS Self and a measure of depression. All number reflect standardized beta weights (** = p < .01). The beta weight in the parentheses reflects the direct path between IFS Self and a measure of depression.