

# The Relationships Between Self-Leadership and Enhanced Psychological, Health, and Work Outcomes

CHRISTYN L. DOLBIER

MIKE SODERSTROM

MARY A. STEINHARDT

*Department of Kinesiology and Health Education  
The University of Texas at Austin*

---

**ABSTRACT.** Two cross-sectional studies were conducted to examine the correlations between the concept of self-leadership (as described within the framework of the internal family systems model) and enhanced psychological, health, and work outcomes. In Study 1, self-leadership was significantly related to higher psychological functioning (e.g., effective coping style, greater optimism and hardiness, and less ineffectiveness and interpersonal distrust) and better health status (e.g., greater perceived wellness, less perceived stress, and fewer symptoms of illness) in a sample of university students ( $N = 270$ ). In Study 2, in which a sample of corporate employees ( $N = 160$ ) was examined, self-leadership was significantly related to greater perceptions of work satisfaction, enhanced communication, quality management, effective work relationships, and in terms of health outcomes, greater perceived wellness and less work stress. Implications of the relationships between self-leadership and psychological, health, and work outcomes are discussed.

Key words: IFS model, self-leadership, stress, wellness

---

As soon as you trust yourself, you will know how to live.  
—Johann Wolfgang von Goethe

THE CONCEPT OF SELF-LEADERSHIP examined in this research is based on the internal family systems (IFS) model, which combines the existing paradigms of multiplicity of the mind and systems thinking into a model of the individual as a system (Schwartz, 1995). In this model, the individual is viewed as containing multiple subpersonalities or parts that form an internal family. This internal family is organized in the same way as other human systems (e.g., a school or a corporation), functioning best when leadership is clearly designated, respected, fair, and capable. The natural internal leader, according to the IFS model, is the self, an innate core of the psyche that is different from the subpersonalities due to its metaperspective and its many leadership qualities. Leading with the core self, or self-leadership, provides a sustaining internal environment in which the family system of subpersonalities strives to maintain homeostasis and health.

A brief description of the IFS model follows. A complete explanation and discussion of the model is beyond the scope of this article. For a more comprehensive review, see Schwartz (1995) and Gouling and Schwartz (1995).

### **The Internal Family Systems Model**

Most theorists who have described the intrapsychic process refer to the mind as having some degree of multiplicity. Freud conceptualized the id, ego, and superego (Freud, 1960); object relations theorists describe internal objects (Winnicott, 1965); self psychology theorists describe grandiose selves versus idealizing selves (Kohut, 1971, 1977); Jungians refer to archetypes and complexes (Jung, 1968, 1969); and cognitive-behavioral therapists discuss a variety of schemata and possible selves (Dryden & Golden, 1986). The IFS model evolved out of the recognition of the multiplicity of the mind and an attempt to understand the mind and then change it using systems thinking.

Schwartz (1995) defined a system as "any entity whose parts relate to one another in a pattern" (p. 17). The IFS model emphasizes the importance of viewing the individual as a system composed of various subpersonalities or parts. The parts develop and relate to one another in a harmonious pattern when the core self is leading. An important premise of the IFS model is that human systems are different from mechanical systems in that they can self-correct. Humans have an innate drive toward, and wisdom regarding their own health, and humans react to feedback to maintain a range of homeostasis. In addition, human systems strive toward creativity and intimacy. Because human beings are born with the capacity to lead harmonious internal and external lives, IFS therapy is designed to help individuals find and release the constraints that block access to their inner resources and wisdom. When individuals tap into these inner resources, they enhance their internal environments, thereby promoting more effective interactions with their external environments.

#### *Subpersonalities*

Subpersonalities exist from birth in potential and emerge as distinct parts as an individual passes through significant points in life (Gouling & Schwartz, 1995). A subpersonality is not just a temporary emotional state or habitual thought pattern, but rather it is a discrete and autonomous mental system that has a distinctive range of emotion, style of expression, set of abilities and desires, and

---

*The authors are grateful to Dell Computer Corporation for allowing them to collect data at its Austin, Texas, work site. Specific appreciation goes to Ann Starr, Director of Corporate Services. The authors also thank Richard Schwartz for his feedback during the writing of this article and Laura McMorris for her editorial input.*

*Address correspondence to Mary A. Steinhardt, Department of Kinesiology and Health Education, Belmont Hall 222, The University of Texas, Austin, TX 78712; send e-mail to [MarySteinhardt@mail.utexas.edu](mailto:MarySteinhardt@mail.utexas.edu).*

view of the world. One- or two-word descriptions are most often used to describe parts or subpersonalities (e.g., the achiever, the caretaker, the critic, or the rebel). Although these descriptions are used, Schwartz (1995) cautioned against over-identifying a part with its label. For example, a part that is angry may also feel scared or hurt. Thus, it is most helpful to conceive of this part as if it were a person who had been forced into an angry role. In this way, one is able to set aside the experience of being angry and help the part discover an alternate preferred role.

The analogy of a family system is helpful in understanding the concept of parts or subpersonalities. For example, in a traumatized family, such as an alcoholic family, children are forced into extreme roles (e.g., the overresponsible child, the angry rebel, and the distractor) by their family dynamics. The children neither want nor deserve these roles, but they believe the roles are necessary for their family's survival. Once released from these roles, these children change dramatically and are able to discover their preferred feelings and abilities. An identical process takes place with the internal family (Schwartz, 1995).

The IFS model describes three major groups of subpersonalities that are common for all individuals. One group tends to be highly protective, strategic, and interested in helping individuals function on a daily basis and manage their lives. This group is called the "managers." When a threat is present, a manager part will emerge and attempt to maintain control of the internal and external environments. Another group contains the most sensitive members of the system, the "exiles." The exiles are the parts that carry the emotions and memories from past experiences when a person was hurt, humiliated, frightened, or shamed. Managers often want to block these feelings from consciousness; therefore, they try to keep these vulnerable and needy parts locked up or exiled in inner closets. The managers live in fear of the escape of exiles and try to avoid situations that might activate an exile's feelings or memories into consciousness.

The third group, termed "firefighters," reacts powerfully and automatically whenever an exile is upset. Because the exile may overwhelm the individual with feelings or make the individual vulnerable to being hurt again in a similar way, firefighter parts tend to be highly impulsive and to use stimulation (e.g., alcohol, food, drugs, work, sex) in an effort to stifle or put out the inner flames of feelings as quickly as possible (Schwartz, 1995). For example, if an individual is in a work situation that triggers exiled feelings of humiliation, a manager part may make a plan to help the individual accomplish more at work in an effort to avoid feelings of humiliation in the future. If, however, this manager is unable to keep the feelings of humiliation under control and a subsequent work situation triggers intense feelings of humiliation, a firefighter part may take over and lead the person to binge eat or to consume alcohol in an effort to stifle these feelings.

### *The Self*

A major tenet of the IFS model is that all people have at their core, or seat of consciousness, a self. The self is defined as an active, compassionate inner

leader containing the perspective, confidence, and vision necessary to lead an individual's internal and external lives harmoniously and sensitively (Schwartz, 1995). The self is the place from which an individual observes, experiences, and interacts with the subpersonalities or parts and with other people. Through imagery, an individual can see his or her parts but cannot see the self, because it is the self that is doing the seeing.

In leading, the self adheres to the notion of pluralism, attempting to hold unity and diversity in balance, to value the many within the one, to resolve conflict without imposing synthesis or expelling parts, and to celebrate differences. The self actively leads the parts in an equitable, firm, and compassionate way. When leading with the self, people describe feeling centered; being in a state of calm, well-being, and trustworthiness; and experiencing a loss of self-consciousness. They also feel confident, free, and openhearted. This state is similar to what the Buddhists describe as mindfulness (Surya Das, 1997, 1999), Csikszentmihalyi (1990, 1993) described as being in the flow, Campbell and Moyers (1988) referred to as following one's bliss, and Stern (1985) described as a secure sense of self. The experience of self-leadership can also be compared to the state of centeredness achieved during meditation or martial arts. The IFS model is distinguished from these approaches in that it views the self as an active, compassionate leader rather than a nonassertive, nonjudgmental observer or witness. Nichols and Schwartz (1991) explained:

The Self is not merely a passive, observing state of mind, but instead is also an active internal leader, who helps the system of parts continuously reorganize to relate more harmoniously. In this leadership role the Self listens to each part and what it really wants, nurtures or comforts some parts, helps change the role of others, and negotiates with polarized parts to resolve their differences. For example, the Self may comfort and soothe frightened or sad parts, calm rageful defenders, or get striving achiever parts to compromise with parts that demand more relaxation. (pp. 503–504)

It is this active leading by the self that ultimately enables the internal family system to maintain homeostasis and health. Just as human systems are organized to maintain a range of homeostasis in any number of areas, so too is the internal family system. Subpersonalities instinctively strive toward health and balance when they develop in a sustaining environment. When the self is leading, this type of safe and nurturing environment is provided, and people have a sense of what is healthy and unhealthy for themselves. Nonetheless, the developmental process of the healthy internal family system takes time. Schwartz (1995) stated:

Although I believe that most human systems come fully equipped, in that they have all the resources they need at the outset for a healthy, harmonious existence, they need time within a sustaining environment to develop those resources. The members of a system need time to discover their visions and preferred roles; to harmonize their relationships; and to balance influence, resources, responsibilities, and boundaries. The system's leaders also need time to establish credibility, trust, and a shared vision.

If the system exists in a sustaining, nurturing environment during its development, this healthy state will unfold naturally and at its proper pace. Indeed, central to the IFS model is the belief that systems have a wisdom about this pace, which needs to be respected. (p. 135)

However, if an individual develops within a constraining environment, the internal system is more likely to reflect the unbalanced and polarized systems in which it is embedded. In the IFS model, these constraints are called burdens and come from a variety of sources, including trauma (e.g., childhood sexual abuse), legacy burdens (e.g., shame, rage, perfectionism), developmental burdens (e.g., unexpected deaths or births, racism, sexism, classism), and tangible burdens (e.g., poverty, chronically ill or disabled family member). Any of these constraints can create polarizations among the exiles, managers, and firefighters. In a polarized system, the individual feels fragmented and the parts are fighting with one another rather than working together. The goal of the therapeutic process becomes to restore self-leadership, balance, and harmony so that each part can assume its preferred role in the system (Goulding & Schwartz, 1995; Schwartz, 1995).

When the individual system functions well (i.e., when the self is leading and the parts are relating harmoniously), the individual parts still exist; yet, they are so coordinated that they function like one unit. Once self-leadership is restored, a part may still take over, but not for purposes of polarizing the system, and always with permission from the self. For example, in some instances certain parts with specific abilities may lead; at other times, the desire to have fun may compel playful parts to lead. However, the parts will also withdraw from leadership when the self requests it.

### *Empirical Research*

Research on the IFS model of the self has focused on its usefulness in therapeutic practice with various clinical populations (Breunlin, Schwartz, & Kune-Karrer, 1992; Goulding & Schwartz, 1995; Johnson & Schwartz, 2000; Schwartz, 1995); however, the stress and health implications of self-leadership have yet to be tested empirically. Research relating other concepts of the self to stress and illness is scattered, but as a whole the research suggests that the self may play an integral role in influencing stress and illness outcomes (Keough, 1998). For instance, Pittner and Houston (1980) found that threats to one's image of the self triggered physiological stress responses similar to those activated by the threat of impending electric shock. This research suggests that threats to the self can be just as stressful as threats of physical pain. Evans and Edgerton (1991) examined the relationship between daily hassles and the subsequent onset of a cold and found that threats to one's self-esteem were a type of hassle that was important in predicting which participants caught a cold.

Threats to the self have also been described in terms of self-discrepancies. Higgins, Vookles, and Tykocinski (1992) found that individuals whose beliefs

regarding their actual selves were different from their ideal selves experienced more psychosomatic symptoms. Furthermore, Heidrich, Forsthoff, and Ward (1994) found that higher discrepancies between the actual self and the ideal self were related to worse functional health and more physical symptoms in cancer patients. Finally, Strauman, Lemieux, and Coe (1993) have found an association between priming self-discrepancies and negatively altered immune responses in a sample of dysphoric and anxious participants.

The IFS model of the self can be further described in the context of perceived threats to the self and stress and illness. For instance, when the subpersonalities are in the presence of the calming, compassionate, and accepting leader, external events that may normally threaten the esteem or image of a particular subpersonality, or that prime a discrepancy between subpersonalities, do not induce as extreme a reaction. The research, therefore, suggests that if these normally threatening external events are not perceived as threatening to the esteem or the image of a particular subpersonality, or do not prime a discrepancy between subpersonalities, the negative effects of stress (e.g., physiological stress response, onset of a cold, psychosomatic and physical symptoms) triggered by such a threat will not result. The IFS model suggests that the self is able to maintain harmony and homeostasis among the subpersonalities of the internal family in the midst of potentially threatening events because of its calming and accepting, yet firm and equitable, leadership.

The purpose of this research was to empirically examine the relationship of self-leadership to both internal and external aspects of the individual's environment. Specifically, two studies were conducted to investigate the relationship of self-leadership to psychological, health, and work outcomes. University students participated in Study 1, in which we examined the relationship between self-leadership and six psychological outcomes and three health outcomes. In Study 2 we examined corporate employees to determine the relationship of self-leadership to two health outcomes and five work outcomes. We hypothesized that self-leadership would be related to enhanced perceptions of psychological functioning and health, indicative that one's internal environment is in harmony. In addition, we hypothesized that the beneficial effects of self-leadership would be reflected in the external environment, and therefore self-leadership would be related to more effective work outcomes.

## STUDY 1

### Method

#### *Design*

The first study involved a cross-sectional research design using survey data. University students completed a questionnaire in quiet classroom conditions; they were tested in small groups of approximately 20 to 30 individuals. Study

procedures were approved by the University of Texas at Austin Institutional Review Board, and data were collected and recorded in a manner that protected the anonymity of participants.

### *Participants*

Participants for this study were university students recruited from undergraduate introductory psychology classes at the University of Texas at Austin. The participant sample ( $N = 270$ ) consisted of 102 men and 168 women with a mean age of  $19.22 \pm 3.1$  years. The sample composition was 58.2% Anglo, 20.5% Asian, 13.1% Hispanic, 5.6% African American, and 2.6% identified as other. All participants were assured that their decision regarding whether to participate would have no effect on their class grade or on their relationship with the university.

### *Instruments*

In Study 1 we assessed self-leadership, coping styles (i.e., approach and avoidant coping), personality characteristics (i.e., dispositional optimism, hardiness, ineffectiveness, interpersonal distrust), and health outcomes (i.e., perceived stress, perceived wellness, symptoms of illness). Table 1 contains the possible range of scores for each of these variables along with the internal consistency of the scales.

*Self-leadership.* We assessed self-leadership with an adaptation of the Core Wellness Scale (CWS; Bezner, Adams, & Steinhardt, 1997). The CWS assesses individual perceptions of a secure sense of one's core self and is so named because the assured presence of this core self is necessary to obtain optimal levels of wellness. This core self and the role it plays in facilitating wellness is consistent with the IFS model's concept of self-leadership. Sixteen of the 17 items of the CWS were retained for purposes of this study. One item was omitted because the corrected item to total correlation was less than .40. In addition, this item was not consistent with Schwartz's (1995) definition of self-leadership. The CWS asks respondents to indicate the extent to which they agree with such items as "I trust that I will take care of myself" and "I feel at ease with myself and my abilities" on a Likert-type scale ranging from 1 (*strongly disagree*) to 5 (*strongly agree*).

*Coping styles.* We assessed coping styles using the dispositional version of the Coping Orientations to Problems Experienced Scale (Carver, Scheier, & Weintraub, 1989), which measures a broad range of cognitive and behavioral coping strategies that individuals typically use in stressful life situations. The total scale contains 53 items and measures 14 subscales of coping strategies. For our purposes, 8 of these subscales were used to measure approach and avoidance coping

styles. Each subscale contains 4 items. We assessed an approach coping style using a combination of 4 subscales: Active Coping, Planning, Suppression of Competing Activities, and Positive Reinterpretation and Growth. We also assessed an avoidance coping style using a combination of 4 subscales: Denial, Behavioral Disengagement, Mental Disengagement, and Focus on and Venting of Emotion.

*Dispositional optimism.* We measured dispositional optimism with the Life Orientation Test (Scheier & Carver, 1985). Scheier and Carver defined optimists as individuals who "generally believe that good rather than bad things will happen to them" (p. 219). The scale possesses 8 items, plus 4 filler items. Eight of the original 12 items were used in this study. The 4 filler items designed to disguise the content of the scale were omitted due to space limitations. Omitting the items may have inflated internal consistency values, although such inflation is unlikely because the 8 items were integrated with other psychological scales that would have had a similar masking effect.

*Hardiness.* We defined hardiness as a personality characteristic describing an individual with three closely related tendencies: a tendency to perceive change as a challenge, commitment to the people and activities in which they are involved, and a sense of personal control in handling life events (Kobasa, 1982). We selected the 30-item Dispositional Resilience Scale as a measure of hardiness because it assesses the presence of each of these tendencies (Bartone, Ursano, Wright, & Ingraham, 1989).

*Ineffectiveness.* Ineffectiveness refers to feelings of general inadequacy, insecurity, and worthlessness, as well as the inability to control one's life situations. We measured this concept using the 10-item Ineffectiveness subscale of the Eating Disorder Inventory (EDI; Garner, Olmstead, & Polivy, 1983). The EDI was designed to assess psychological characteristics common in individuals with anorexia nervosa and bulimia; however, the items on the Ineffectiveness subscale were not written in an eating or food context; therefore, they are appropriate for this study.

*Interpersonal distrust.* Interpersonal distrust reflects a sense of alienation and general reluctance or inability to form attachments, to have close relationships, or to feel comfortable expressing emotions toward others. We measured this concept using the 7-item Interpersonal Distrust subscale of the EDI (Garner et al., 1983). The items on this subscale were also not written in an eating or food context.

*Perceived stress.* Perceived stress refers to the degree to which situations in one's life during the past month were perceived as stressful, as measured by the 14-item Perceived Stress Scale (Cohen, Kamarck, & Mermelstein, 1983). The scale has been shown to be a good predictor of stress in that it has been highly correlated with symptomatological measures and life event scores (Cohen et al., 1983).

*Perceived wellness.* We measured well-being with the Perceived Wellness Survey (Adams, Bezner, & Steinhardt, 1997), which is a 36-item multidimensional measure of wellness perceptions in the physical, spiritual, psychological, social, emotional, and intellectual dimensions. The dimensional scores are integrated by combining the magnitude or mean of each dimension with the balance or standard deviation among dimensions into a wellness composite score.

*Symptoms of illness.* We measured psychosomatic symptoms of illness by the Symptoms Checklist (Bartone et al., 1989), which includes 20 items measuring the extent to which participants experienced various physical and psychological symptoms over the past few weeks. Items include symptoms for the common cold or flu and symptoms such as headaches, upset stomach, and nervousness.

#### *Data Analysis*

We calculated descriptive statistics, including means and standard deviations, for all the variables and used Pearson product-moment correlations to assess the relationships between self-leadership and psychological and health outcomes.

### **Results**

The means and standard deviations for all variables in Study 1 are contained in Table 1. Also included in Table 1 are the possible range of scores for each vari-

**TABLE 1**  
**Study 1: Possible Range, Mean, Standard Deviation, and Internal Consistency**  
**Values for All Variables in the University Sample (*N* = 270)**

Variable	Possible range of scores	<i>M</i>	<i>SD</i>	$\alpha$
Self-leadership	16-80	57.4	11.6	.92
Psychological outcomes				
Approach coping	16-64	46.4	7.4	.87
Avoidant coping	16-64	31.1	6.8	.80
Dispositional optimism	0-32	20.1	6.0	.86
Hardiness	0-90	58.5	8.7	.78
Ineffectiveness	0-30	3.2	5.0	.88
Interpersonal distrust	0-21	3.3	3.6	.79
Health outcomes				
Perceived stress	0-56	25.5	8.0	.86
Perceived wellness	3-29	14.4	3.5	.91
Symptoms of illness	0-60	14.3	7.4	.82

**TABLE 2**  
**Study 1: Correlations Between Self-Leadership and**  
**Psychological and Health Outcomes in the**  
**University Sample ( $N = 270$ )**

Outcome	Self-leadership
Psychological outcomes	
Approach coping	.49**
Avoidant coping	-.42**
Dispositional optimism	.68**
Hardiness	.68**
Ineffectiveness	-.56**
Interpersonal distrust	-.49**
Health outcomes	
Perceived stress	-.74**
Perceived wellness	.68**
Symptoms of illness	-.51**

\*\* $p < .01$ , two-tailed.

able and the internal consistency of the scales. Correlations between self-leadership and the psychological and health outcomes are reported in Table 2. As expected, self-leadership was positively related to the psychological outcomes of approach coping, dispositional optimism, and hardiness, and inversely related to avoidant coping, ineffectiveness, and interpersonal distrust. Self-leadership was also positively related to the health outcome of perceived wellness and inversely related to perceived stress and symptoms of illness (see Table 2).

## STUDY 2

### Method

#### *Design*

The second study involved a cross-sectional research design using survey data. Corporate employees completed a questionnaire in small groups of approximately 15 to 20 individuals in quiet classroom conditions at their worksite. Study procedures were approved by the University of Texas at Austin Institutional Review Board, and data were collected and recorded in a manner that protected the anonymity of participants.

#### *Participants*

Participants for Study 2 were full-time employees of Dell Computer Corporation in Austin, Texas. The participant sample ( $N = 160$ ) consisted of 84 men

and 76 women with a mean age of  $36.3 \pm 8.1$  years. The sample composition was 80.9% Anglo, 9.6% Hispanic, 5.1% African American, 3.2% Asian, and 1.3% identified as other. All participants were assured that their decision regarding whether to participate would have no effect on their relationship with Dell or with the university.

### *Instruments*

In addition to self-leadership and perceived wellness (assessed in Study 1), perceived work stress and five work outcomes (i.e., work satisfaction, organizational communication, quality management, relationship to leader, and team culture) were assessed in Study 2. The possible range of scores for each of these variables along with the internal consistency of scales are contained in Table 3.

*Work stress.* We defined work stress as employees' perceptions of stress at work during the previous month with respect to irritating hassles, stressful events, and ongoing problems. The concept was measured using Mackie, Holahan, and Gottlieb's (2001) 7-item Job Stress Scale.

*Work satisfaction.* Work satisfaction refers to employees' feelings about what they do each day. The concept was measured using 4 items from the Dell Viewpoint Survey (DVS; Dell, 1995).

*Organizational communication.* Organizational communication assessed employees' perceptions of effective communication between departments as well as among individuals. We measured the concept using 4 items from the DVS (Dell, 1995).

**TABLE 3**  
**Study 2: Possible Range, Mean, Standard Deviation, and Internal Consistency**  
**Values for All Variables in the Corporate Sample ( $N = 160$ )**

Variable	Possible range of scores	<i>M</i>	<i>SD</i>	$\alpha$
Self-leadership	16-80	62.1	9.3	.90
Health outcomes				
Perceived wellness	3-29	16.5	3.2	.89
Work stress	7-35	24.1	5.0	.88
Work outcomes				
Work satisfaction	4-20	15.1	2.8	.73
Organizational communication	4-20	12.0	2.7	.67
Quality management	6-30	21.5	4.3	.79
Relationship to leader	5-25	19.4	4.3	.90
Team culture	4-20	13.2	2.9	.80

*Quality management.* Quality management assessed employees' perceptions of the extent to which quality-related goals were set for their jobs and whether they were given the opportunity, autonomy, and feedback necessary to achieve these goals. We measured the concept using 6 items from the DVS (Dell, 1995).

*Relationship to leader.* Relationship to leader assessed employees' perceptions of the effectiveness of their immediate manager's job performance, particularly with respect to being approachable, treating employees with respect, and being helpful with work-related issues. We measured the concept using 5 items from the DVS (Dell, 1995).

*Team culture.* Team culture referred to employees' perceptions of the morale among co-workers, particularly how well employees worked together as a team for the good of Dell. We measured the concept using 4 items from the DVS (Dell, 1995).

#### *Data Analysis*

We calculated descriptive statistics, including means and standard deviations for all the variables and used Pearson product-moment correlations to assess the relationships between self-leadership and health and work outcomes.

### **Results**

The means and standard deviations for all variables in Study 2 are displayed in Table 3. Also included in Table 3 are the possible range of scores for each variable and the internal consistency of each scale. Correlations between self-leadership and the health and work outcomes are reported in Table 4. As expected, self-

**TABLE 4**  
**Study 2: Correlations Between Self-Leadership and Health and Work Outcomes in the Corporate Sample ( $N = 160$ )**

Outcome	Self-leadership
<b>Health outcomes</b>	
Perceived wellness	.65**
Work stress	-.33**
<b>Work outcomes</b>	
Work satisfaction	.24**
Organizational communication	.33**
Quality management	.32**
Relationship to leader	.37**
Team culture	.30**

\*\* $p < .01$ , two-tailed.

leadership was positively related to the health outcome of perceived wellness and inversely related to work stress. In addition, self-leadership was positively related to the work outcomes of perceptions of work satisfaction, organizational communication, quality management, relationship to leader, and team culture (see Table 4).

## GENERAL DISCUSSION

This research empirically examined the concept of self-leadership within the framework of the IFS model, which has traditionally been used in therapeutic practice (Goulding & Schwartz, 1995; Schwartz, 1995). In these studies, we investigated the relationships between self-leadership and psychological, health, and work outcomes in university and corporate samples. Results of the two studies revealed that self-leadership was significantly related to a more effective coping style, favorable personality characteristics, and enhanced health and work outcomes.

Correlations between self-leadership and coping styles in the university sample revealed significant findings. Self-leadership was positively related to an approach coping style aimed at eliminating or minimizing the source of the stress. In addition, self-leadership was inversely related to an avoidant coping style aimed at avoiding the source of the problem and managing stress-related emotions. Coping research has documented that in controllable situations, approach coping strategies are associated with the experience of less stress (Pearlin & Schooler, 1978) and illness (Blake & Vandiver, 1988; Olf, Brosschot, & Godaert, 1993), whereas avoidance coping strategies are associated with the experience of more stress (Pearlin & Schooler) and illness (Blake & Vandiver; Holahan & Moos, 1985; Kobasa, 1982). Therefore, approach coping is viewed as more effective and health promoting, and avoidance coping is seen as less effective and more detrimental to health. When leading with the self, the individual knows what is healthy and unhealthy, and in the sustaining environment of the self, the subpersonalities strive for health and balance. Therefore, it seems logical that an effective and health-promoting coping style, as opposed to an ineffective and health-detrimental coping style, will be used when leading with the self.

In addition to dispositional coping styles, several other personality characteristics were also significantly correlated with self-leadership in the university sample. Self-leadership was positively related to optimism. Consistent with the IFS model, when leading with the self, over time the subpersonalities begin to trust the self and to gain confidence in its ability to maintain harmony and homeostasis within the internal family. Being in the company of a calm, compassionate, and confident leader in which harmony and homeostasis are maintained, the subpersonalities begin to believe that good rather than bad things will happen. In this respect, it makes sense that leading with the self would be positively related to optimism.

The personality trait of hardiness was also positively related to self-leadership. From a broad perspective, hardiness refers to the ability to bounce back and readily recover from situations requiring some sort of adaptation on the part of the individual. It has been demonstrated that hardy individuals are able to remain healthy during times of stress because they perceive change as a challenge, they are committed to the people and activities in their lives, and they have a sense of personal control in handling life events (Kobasa, 1982). As mentioned before, through active leadership, the self is able to maintain homeostasis within the system and move the system toward health. Thus, it seems logical that self-leadership would be positively related to hardiness, the ability to adapt and maintain health during times of stress.

Ineffectiveness refers to the tendency to feel inadequate, insecure, and unable to control events in one's life (Garner et al., 1983). When leading with the self, individuals do not feel insecure, self-conscious, worthless, or unable to deal effectively with the situations in their lives. Therefore, it makes sense that self-leadership would be inversely associated with ineffectiveness. Interpersonal distrust refers to a tendency to feel alienated, as reflected in the reluctance or inability to form close relationships or to feel at ease with emotional expressions (Garner et al., 1983). The self is relational and fosters feelings of connectedness to others. Thus, when leading with the self, the subpersonalities evolve a sense of the world as a safe and dependable place. In the absence of self-leadership, the subpersonalities approach the world with fear and suspicion. Therefore, it follows that self-leadership would be inversely related to interpersonal distrust.

Self-leadership was significantly related to several health outcomes in both the university and the corporate samples. In the university sample, self-leadership was inversely related to perceived stress and symptoms of illness and positively related to perceived wellness. In the corporate sample, it was inversely related to perceived work stress and positively related to perceived wellness. In line with previous research relating self-concept to stress and illness, these findings suggest that leading with the self may be protective in situations that threaten the esteem or the image of a particular subpersonality or that prime a discrepancy between subpersonalities. The associations, when considered in relation to the maintenance of homeostasis and the innate drive toward health found in self-leadership, represent potential explanations for the relationship of self-leadership to these health outcomes.

This research also extended the concept of self-leadership and its benefits to the work environment. As hypothesized, self-leadership was significantly related to perceptions of a more effective and satisfying work environment in the corporate sample. Specifically, self-leadership was positively related to perceptions of work satisfaction, organizational communication, quality management, relationship to leader, and team culture. Although the correlations for these work outcomes were significant, they were not as strong as those relating self-leadership to psychological and health outcomes. The weaker correlations may be attributed

to employees' not having a direct effect on work outcomes (e.g., because of low job autonomy or ineffective communication between departments). Nonetheless, self-leadership does seem to relate favorably to the work environment in an indirect way, via employees' perceptions. These findings indicate that self-leadership has a greater effect on the individual's internal environment than on his or her external environment.

The results of this research should be considered in light of several limitations. First, as with all survey data, self-report has inherent weaknesses. Even so, the instruments used were previously published and possess adequate psychometric properties. Second, the use of convenient samples of university students and corporate employees limits the generalizability of the findings. Finally, it is difficult to measure the construct of self-leadership, which is different from other indices that assess how an individual regards the totality of his or her personality. In assessing self-leadership, one tries to measure the degree to which certain inherent positive qualities are present and accessed. Although the CWS is a valid measure of self-leadership in that it assesses one's perception of a secure sense of self, it would be conceptually beneficial for future research to focus on the development of a measurement tool that captures the inherent positive qualities that are present when the self is leading (e.g., feeling calm, confident, and compassionate).

In conclusion, given that most individuals have experienced some type of constraining environment, self-leadership has the potential to improve their well-being. It has been demonstrated through IFS therapy that self-leadership can be learned and applied. Coupled with the findings of this study relating self-leadership to positive psychological, health, and work outcomes, the practical application of self-leadership is a worthwhile avenue to pursue.

#### REFERENCES

- Adams, T. B., Bezner, J. R., & Steinhardt, M. A. (1997). The conceptualization and measurement of perceived wellness: Integrating balance across and within dimensions. *American Journal of Health Promotion, 11*, 208-218.
- Bartone, P. T., Ursano, R. J., Wright, K. M., & Ingraham, L. H. (1989). The impact of a military air disaster on the health of assistance workers: A prospective study. *Journal of Nervous and Mental Disease, 177*, 317-328.
- Bezner, J. R., Adams, T. B., & Steinhardt, M. A. (1997). Relationship of body dissatisfaction to physical health and wellness. *American Journal of Health Behavior, 21*, 147-155.
- Blake, R. L., & Vandiver, T. A. (1988). The association of health with stressful life changes, social supports, and coping. *Family Practice Research Journal, 7*, 205-218.
- Breunlin, D. C., Schwartz, R. C., & Kune-Karrer, B. M. (1992). *Metaframeworks: Transcending the models of family therapy*. New York: Guilford Press.
- Campbell, J., & Moyers, B. (1988). *The power of myth*. New York: Doubleday.
- Carver, C. S., Scheier, M. F., & Weintraub, J. K. (1989). Assessing coping strategies: A theoretically based approach. *Journal of Personality and Social Psychology, 56*, 267-283.

- Cohen, S., Kamarck, T., & Mermelstein, R. (1983). A global measure of perceived stress. *Journal of Health and Social Behavior, 24*, 385–396.
- Csikszentmihalyi, M. (1990). *Flow: The psychology of optimal experience*. New York: Harper & Row.
- Csikszentmihalyi, M. (1993). *The evolving self: A psychology for the third millennium*. New York: Harper Collins.
- Dell Computer Corporation. (1995). *Dell Viewpoint*. Austin, TX: Dell.
- Dryden, W., & Golden, W. (Eds.). (1986). *Cognitive-behavioral approaches to psychotherapy*. London: Harper & Row.
- Evans, P. D., & Edgerton, N. (1991). Life-events and mood as predictors of the common cold. *British Journal of Medical Psychology, 64*, 35–44.
- Freud, S. (1960). *The ego and the id* (J. Strachey, Ed.; J. Rivieri, Trans.). New York: Norton. (Original work published 1923)
- Garner, D. M., Olmstead, M. P., & Polivy, J. (1983). Development and validation of a multidimensional eating disorder inventory for anorexia nervosa and bulimia. *International Journal of Eating Disorders, 2*, 15–34.
- Goulding, R. A., & Schwartz, R. C. (1995). *The mosaic mind: Empowering the tormented selves of child abuse survivors*. New York: Norton.
- Heidrich, S. M., Forsthoft, C. A., & Ward, S. E. (1994). Psychological adjustment in adults with cancer: The self as a mediator. *Health Psychology, 13*, 346–353.
- Higgins, E. T., Vookles, J., & Tykocinski, O. (1992). Self and health: How “patterns” or self-beliefs predict types of emotional and physical problems. *Social Cognition, 10*, 125–150.
- Holahan, C. J., & Moos, R. H. (1985). Life stress and health: Personality, coping, and family support in stress resistance. *Journal of Personality and Social Psychology, 49*, 739–747.
- Johnson, L., & Schwartz, R. C. (2000). Internal family systems work with children and families. In C. E. Bailey (Ed.), *Children in therapy: Using the family as a resource* (pp. 73–111). New York: Norton.
- Jung, C. G. (1968). *The collected works of C. G. Jung: The archetypes and the collective unconscious* (H. Read, M. Fordham, & G. Adler, Eds.; R. F. C. Hull, Trans.; Vol. 9.1, 2nd ed.). Princeton, NJ: Princeton University Press.
- Jung, C. G. (1969). *The collected works of C. G. Jung: The structure and dynamics of the psyche* (H. Read, M. Fordham, & G. Adler, Eds.; R. F. C. Hull, Trans.; Vol. 8, 2nd ed.). Princeton, NJ: Princeton University Press.
- Keough, K. A. (1998). When the self is at stake: Integrating the self into stress and physical health research. *Dissertation Abstracts International: 58* (7–B), 3959.
- Kobasa, S. C. (1982). Commitment and coping in stress resistance among lawyers. *Journal of Personality and Social Psychology, 42*, 707–717.
- Kohut, H. (1971). *The analysis of the self*. New York: International Universities Press.
- Kohut, H. (1977). *The restoration of the self*. New York: International Universities Press.
- Mackie, K. S., Holahan, C. K., & Gottlieb, N. H. (2001). Employee involvement management practices, work stress, and depression in employees of a human services residential facility. *Human Relations, 54*, 1065–1092.
- Nichols, M. P., & Schwartz, R. C. (1991). *Family therapy: Concepts and methods*. Boston: Allyn & Bacon.
- Oloff, M., Brosschot, J. F., & Godaert, G. (1993). Coping styles and health. *Personality and Individual Differences, 15*, 81–90.
- Pearlin, L. I., & Schooler, C. (1978). The structure of coping. *Journal of Health and Social Behavior, 19*, 2–21.
- Pittner, M. S., & Houston, B. K. (1980). Response to stress, cognitive coping strategies,

- and the Type A behavior pattern. *Journal of Personality and Social Psychology*, *39*, 147–157.
- Scheier, M. F., & Carver, C. S. (1985). Optimism, coping, and health: Assessment and implications of generalized outcome expectancies. *Health Psychology*, *4*, 219–247.
- Schwartz, R. C. (1995). *Internal family systems therapy*. New York: Guilford Press.
- Stern, D. N. (1985). *The interpersonal world of the infant: A view from psychoanalysis and developmental psychology*. New York: Basic Books.
- Strauman, T. J., Lemieux, A. M., & Coe, C. (1993). Self-discrepancy and natural killer cells activity: Immunological consequences of negative self-evaluation. *Journal of Personality and Social Psychology*, *64*, 1042–1052.
- Surya Das, L. (1997). *Awakening the Buddha within*. New York: Broadway Books.
- Surya Das, L. (1999). *Awakening to the sacred*. New York: Broadway Books.
- Winnicott, D. W. (1965). *The maturational processes and the facilitating environment*. New York: International Universities Press.

*Received July 6, 2000*