Experiencing Multiconsciousness:
A Feminist Model for Therapy

Anne M. Prouty
J. Maria Bermúdez

ABSTRACT. Our work as feminist family therapists has been strongly influenced by Harris' (1991) ideas related to multiple consciousness. In attempting to help clients see the complexity of their identity and their relationships, we have integrated a model using feminist ideas and themes, the metaphor of "parts" (Schwartz, 1992), and Narrative therapy techniques (White & Epston, 1990). In this model, the therapist's goals are to help clients examine the societal and familial influences on the different "parts" of their identities, to empower clients to reconstruct and expand their identities, and to encourage them to develop a strong sense of who they are and who they want to be in relation to others. Case examples with individuals and a couple are provided to illustrate the model. *[Article copies available for a fee from The Haworth Document Delivery Service: 1-800-342-9678. E-mail address: getinfo@haworthpressinc.com <Website: http://www.haworthpressinc.com>]*

KEYWORDS. Feminist family therapy, couple therapy, Narrative therapy, identity, self-esteem

[I am] comfortable with the many different ingredients of my identity . . . [yet] I find I am constantly being encouraged to pluck out some one aspect of myself and present this as the meaningful whole, eclipsing or denying the other parts of self.

–Audre Lorde, 1984, p. 114

Anne M. Prouty, PhD, and J. Maria Bermúdez, MS, are affiliated with the Marriage and Family Therapy doctoral program of Virginia Polytechnic Institute and State University.

Address correspondence to: Anne Prouty, The Family Therapy Center of Virginia Tech-0515, 840 University City Boulevard, Suite 1, Blacksburg, VA 24061.

Many people come into our offices wanting guidance to find out who they are or how they can feel comfortable with the various parts of their identity. Some, like Lorde, are upset that others expect them to present themselves as only one part of themselves when many aspects of their identity are important. Additionally, couples and families come to therapy wishing they could understand each other or wanting to change who they are with each other. Sometimes, people feel as though they are just their family roles or their job positions. We work with clients to develop a way to encourage them to value, to use, and to portray their multiple identities, and to help them to define themselves when they do not like the labels they have acquired in life. Using feminist family therapy as a base, we have integrated aspects of two other models to examine societal and familial influences on clients and their relationships: a metaphorical use of ''parts'' from Internal Family Systems theory (Schwartz, 1992) and Narrative therapy (White & Epston, 1990).

The inspiration for this therapy came from reading Harris' ideas of multiple consciousness. Therefore, before describing our therapy, we will provide a brief summary of Harris' ideas, and then the aspects we have chosen from Internal Family Systems (IFS) and Narrative therapies. Subsequently, we describe how we integrate three key feminist family therapy themes: identity in context, gender, and power. Throughout this article, we illustrate our ideas with brief case examples of our work with different individuals and couples.

INSPIRATION: FEMINIST MULTIPLE CONSCIOUSNESS

Harris (1991) has written about the essentializing theories within white feminist writings and she has suggested several ways in which feminist theory could benefit and grow by using black feminist ideas. One of her ideas was multiconscious identity as ''the recognition of a self that is multiplicitous, not unitary'' (p. 25). Therefore, each of us interacts with the world via multiple identities. We are all of our identities simultaneously, although we may be more in touch with certain aspects in certain situations.

In line with Harris' concept of multiple consciousness, we believe that people interact and perceive the world through many parts *simultaneously*. Mainstream society constantly asks us to separate our parts and to choose one. Not only is such a singular identity inaccurate, it is also a

way to objectify people and thus potentially to subjugate them. To choose a whole human and to force her to identify herself by that one part becomes a label–a label that takes on meanings from the dominant discourse–separate from the human being. This labeled shell representing the human being is much easier to objectify, to subjugate, and to ignore.

USING PARTS TO TALK ABOUT MULTIPLE IDENTITIES

Internal Family Systems (Schwartz, 1987, 1992) posits that everyone has many subpersonalities called parts that are mediated through a central Self. Because of external (familial and social) influences, certain parts are sometimes more developed and utilized, whereas others are feared or disliked by the Self. When the latter happens the parts are said to be polarized and not in balance. The parts need not be equilibrated but no part should be used all the time or abandoned. Regardless of the parts' current feelings, reactions, and coping mechanisms, each part has positive intentions for the person and is valuable. Internal Family Systems (IFS) therapy's goals are to help people to identify and to understand their parts, to encourage parts to develop helpful roles, and to reorganize them so that the Self has access to each part's unique abilities. In therapy with couples and families, IFS therapy's goals are to help clients to identify the parts in each person that interact in extreme ways within the relationship, to find other ways their parts could interact, and to decide what parts might serve them best in an interaction.

We wish to be clear that our approach does not use all of the Internal Family Systems model (Goulding, 1995; Schwartz, 1988; Schwartz, 1992; Schwartz, 1995, Schwartz, 1997), nor are we using it from the modernist perspective in which it was designed.[1] We have taken Schwartz's encouragement for therapists to use IFS and make it their own (Schwartz, 1994; 1995). Although we respect and admire the intact theory, we have found it useful to use the idea of the self and the parts, as described above, as a metaphor upon which to begin stories. This metaphor of the self and parts provides a simple and convenient language through which to talk about and to describe multiple aspects of people's complex identities. Our clients have taught us that identities live within larger contexts and within time, and that they have dominant and alternative stories to be re-read and constructed anew.

PARTS' OLD AND NEW STORIES

Like Internal Family Systems, White and Epston's (1990) Narrative therapy is also a useful theoretical guide. Narrative therapy proposes that only some of lived experience is included in a person's and a family's narrative about their lives and their relationships. Usually, only one story of our identity exists for us. Therefore, a great deal of lived experience and alternate stories of who we are get lost or are forgotten because they simply don't fit into this present "dominant" story.[2]

Narrative therapy suggests that each of us has the ability to externalize and question old, dominant stories, and to generate new stories about the past, the present and the future. Narrative therapy also emphasizes that language plays a vital role in creating meaning, and that the act of naming aspects of our clients' lives gives validity to experience. Hence, we must be careful in using language that does not limit people.

We also utilize the language and process of Narrative therapy to attend to the process of responsibility, ability, options, and levels of control when talking about using parts and when discussing parts within their sociohistorical context. By this we refer to the stories about parts as a means to explore the context in which clients' identities were developed (e.g., how were the parts influenced by social, economic and political contexts?). Some examples of deconstructing questions and reconstructing questions appear in Tables 1 and 2, respectively. As therapists, we struggle with ways to explore the stories that surround the construction of clients' identities, in ways that allow clients to feel empowered to change the stories they do not like. Clients' present narratives reflect how they feel about themselves and what others have emphasized about them in the past and the present. We believe that each of us has the ability to question old stories that limit us, and to renarrate our own identities. We have found that placing people and their metaphorical identities (parts) within a social and historical context is a powerful tool to help people see themselves differently. Somehow, contextualizing their many parts enables clients to grasp their own power and initiate their own renarration process.

One of the primary techniques used in Narrative therapy is externalization. In addition to metaphorically externalizing the parts themselves, we externalize both problems and solutions. For example, we

TABLE 1. Deconstructing Questions

When did the life of this part [of you] begin? When did you develop/create this part?

Who was pivotal in maintaining its life?

How was the part trying to serve you?

Which parts do you value/are valued as positive influence? Which are using outdated behaviors?

What are the different feelings associated with each part?

What parts play what roles?

Which parts team-up with each other to gain more power?

Which parts are fighting with each other to promote different perspectives?

What do you like about each part? How does each contribute to who you are?

What are your present alternatives?

Who promoted/encouraged/discouraged/shamed each part?

How did each part develop and why, and how did they fit together to make the whole person?

What other contextual variables influenced the parts development?

What sources of power could/can they access [by being so complex] with these many parts?

TABLE 2. Reconstruction Questions

What was it like for you when you asked the "Be in Control part" to do that differently?

What parts did you choose to use in that disagreement?

Who in your life would expect your "Confident part" to be used more often?

What parts worked together to handle that meeting in a way that was satisfying?

What does this mean for you now that you decide how to use your parts in each given situation?

   How do you benefit? Who else benefits?

What parts could you utilize to not be tricked by "guilt"?

What sources of power would you like to learn to access and how could you add to who you are in order to do that? Could parts develop new skills? Could you use multiple parts to get there?

What is it like to feel more connected to all of those parts simultaneously?

How is this contributing to whom you want to be?

How are these [parts'] new ideas and ways of being more congruent with your values?

could encourage clients to use more parts to "not get hooked by guilt" or to "beat the shame." We also externalize so that clients can "learn from the fear" or "build up the trust." Part of our feminist perspective is that not everything needs to be "beaten," "killed" or "overcome"–we often find it more helpful for people to "learn from," to "grow" and to "build." This form of externalization is especially useful when the aim is to help a person's parts or a couple's parts appreciate each other's perspectives, strengths, and abilities. Externalization provides a medium through which people (individuals and couples) can learn how to help their parts work together better. Externalization can also help people to take responsibility for contributing to the emotional work of a relationship, for example "building the courage," "sharing the worry," or "growing the vulnerability."

THE PROCESS OF THERAPY

Thus far, we have identified the various aspects of theories and models that we use in our work. Before further describing the process of renarrating parts, we would first like to describe the steps used to set up therapy. We will then describe the therapeutic themes used in our approach.

Clients' Choices and Decisions

Our first priority is to provide opportunities for clients to make decisions about how they want to proceed with therapy. One way to do this involves providing alternate descriptions of how we could work together. We might talk, for example, about what a structural approach or a Bowenian approach would look like, along with outlining how a renarrated parts therapy might go. By being given alternatives, the clients can decide what sounds best to them. Thus, the people with whom we have used this model have chosen this therapeutic process for themselves. In other words, they are rather like a self-selected sample. We believe that an important part of the success of any therapeutic method is a good fit for both the client and the therapist. Similarly, Wheeler, Avis, Miller and Chaney (1989) advocate the use of what they call the therapist's "executive skills" (p. 141). Noting that, to influence interpersonal change, the therapist must be both active

and collaborative. Change occurs through this collaborative relationship between the family members and the therapist as a team, thereby minimizing hierarchy. "Executive skills are consistently directed at reallocating power" (p. 141) and encouraging all the participants in therapy to use both cognitive and emotional skills. We believe this means that the therapist should be knowledgeable and flexible enough to provide clients several options for treatment, and clients should have as much input as they can provide.

Our decision to provide therapeutic options also stems from our understanding of the feminist family therapy literature about power and hierarchy in therapy. Feminist therapists acknowledge the hierarchy and their position of power (knowledge and resources) within the therapeutic relationship and try to use their power to empower clients. This stance on the part of the therapist takes many forms, depending on the feminist therapist. Some call their role a facilitator (Pilalis & Anderton, 1986), others an egalitarian collaborator (Good, Gilbert and Scher, 1990), others describe themselves as modeling "power-to" (Goodrich, 1991, p. 8). Some see themselves as employing empathy (Jordan, Surrey, and Kaplan, 1991). Others describe their role as creating a context for the clients' story by using reframes, circular questions, and acknowledging multiple realities (Goodrich, Rampage, Ellman & Halstead, 1988; Roberts, 1991; Storm, 1991; Wheeler et al., 1989). Good et al. (1990) believe therapists who do not use themselves as an expert but instead make the therapeutic relationship egalitarian know the client will choose optimal solutions. We believe that offering alternative therapy modalities is a first step toward egalitarian therapy.

Attending to Language in Collaboration

Hare-Mustin and Merecek (1986) propose that therapists need to recognize therapy's inherent power imbalance and embrace it with responsibility and beneficence toward the client. They also point out that being cared for can sometimes be disempowering–therefore, the feminist therapist is cautious not to disempower clients through over-caring. Paying attention to our language is also important in providing feminist family therapy. Language plays a vital role in creating meaning and naming, and as stated earlier gives validity to experience. We have found it essential that we use language, tone of voice and body posture that portrays our respect and faith in clients' strength, courage,

and abilities to take care of themselves and their relationships. Thus, we use our model as a way of providing a framework from which *clients* can name, develop and expand their preferred selves and relationships. We are also careful not to use language that reflects patriarchal conceptual biases, and we attempt to be curious and respectfully challenging when clients use such language.

Defining Parts

After we have introduced various therapeutic options and the clients have decided to go with our parts-centered renarrating, the next stage of therapy begins with the clients defining their own parts. We draw the parts on a dry erase board in the room and provide paper and pens for those clients who choose to draw the parts for their own retention after a session (Figure 1). The language of parts can sometimes confuse people; thus we carefully introduce and remind clients that this way of working is only a metaphor for describing the various facets of their identity. We encourage clients to use many parts of themselves in working toward their goals. Clients usually come up with about six parts during the first session and add more parts as the therapy progresses (Figure 1).

Drawing parts helps clients to visually externalize the parts and, maybe for the first time, label a "part" of their identity. Then, one by one, they examine how each part was developed, influenced, nurtured, shunned, shamed, and otherwise influenced. As therapy progresses,

FIGURE 1. Drawing Parts
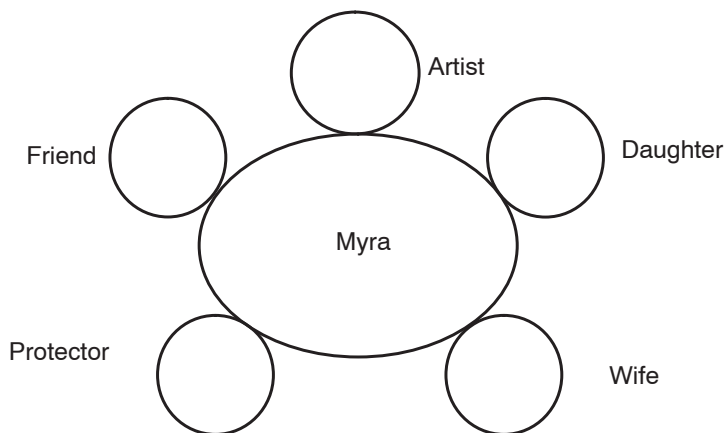
clients rewrite their own story of themselves, redefining parts of their identities that they previously disregarded or did not value in their experience. Clients provide their new interpretations of themselves and are encouraged to redefine and rebalance their parts. Our clients have often commented that being able to draw and constantly visualize their parts has been a very helpful tool in the therapy process. It seems to be similar to looking into a psychic mirror of themselves and the dynamics of their relationships. For some, it helps them to stay focused on the conversation, for others it helps them to stay with their emotions while talking about one of their more vulnerable parts or an intense relationship dynamic with their partner's parts.

Case A: Defining Parts

Myra is a thirty-seven-year-old woman whose family has lived in a Midwestern state for at least three generations. She is a practicing Catholic and her family is proud of its Irish and German heritage as well as its prominent history in their small town. Myra is the second child of seven and the eldest daughter.

Myra explains that she comes to therapy for help with deciding whether she wishes to proceed with marital therapy and her marriage. We discuss what she has worked on in the past, what has worked, what has not, and potential directions and foci for the present therapy. She decides that metaphor of parts work is the route she would like to go. She describes herself as a child protection worker (protector), a daughter, a friend, an artist and a wife. These parts are drawn on the ink board and in her therapy journal as her ''initial parts'' (Figure 1).

She chooses to begin by describing her daughter part. She describes when she uses that part, with whom it interacts, how she feels when using that part. Then we talk about the historical development of her daughter part (Figure 2) with her family and her community, and her ideas about the societal influences on her daughter part. The other parts are examined in the same way and many other parts emerge in the process. Throughout the process, we talk about the inter-relatedness of the parts and how she uses the many parts throughout her life.

Myra paces this work. She continues to explore those aspects she finds disturbing and those which she admires. We talk about how each part is a valuable aspect of her identity, how each developed, how they are all a facet of who she is. In essence, she tells each of her parts' contextualized dominant narratives and also the forgotten stories. We

FIGURE 2. Notes from the Daughter Part's Stories

part first noticed when Myra was 4 years old		DAUGHTER PART
1964	1978	1995 - 1997

Supported by:	As Child felt:	Now Feels:
Mom & Dad	safe, loved, joy	Dutiful "stay married"
Siblings		guilty: family honor
Not Supported by:	Later & esp. when teen:	Guilty if don't visit when
husband	loved	called upon (as girl, must
friends	dutiful	take care of aging parents)
	good girl vs. bad girl	frustrated, used
	felt guilty if didn't meet	loves her parents, feels loved
	others' expectations	lost, alone, bound
	yearned for freedom	sometimes appreciated

Myra sometimes wishes this part was not so big either, occludes other relationships and time for her art. Discussion moves to exploring gender and power issues and externalizing the "guilt," rather than vilifying the daughter part.

begin to identify new ways she could utilize parts, and ways she can use the *many parts of who she is* to deal with situations in her life, such as: making new friends, trying new hobbies, making boundaries with friends and family, getting in touch with her own needs, becoming clearer about her own dreams, and making requests of her husband.

As therapists, we encourage clients to use *all* of their parts and define how they would like each part to interact with other parts and with other people. Clients are encouraged to use *all* of who they are, and wish to become. Our feminism informs and guides our work in helping people to make choices about who they want to be. As feminist family therapists, there are several important themes that run throughout our therapy regardless of the therapy model(s) with which we are working. In the next section, we describe how we integrate three themes into our work with multiconsciousness: diversity and context, gender, and power.

THEMES IN THERAPY

Diversity in Context

Feminists have adopted the notion of multiple consciousness as appropriate to describe a world in which people are not op-

pressed only or primarily on the basis of gender, but on the basis of race, class, sexual orientation, and other categories and inextricable webs. Moreover, multiple consciousness is implicit in the precepts in feminism itself. (Harris, 1991, p. 239)

Feminists view people as existing within a social system that exists within history (Thorne & Yalom, 1982). Women's inferior positions have historical origins that continue to be reinforced in present relationships, and are also influenced by many things that include a woman's age, sexual orientation, class, and ethnicity. As feminists, we believe that these societal influences belong in the foreground of therapy. Therapy can provide a lens through which to learn about clients' lives and problems within a historical and contextual framework. Therefore, it is important to attend to the multiple narratives of people's lives and the contexts in which these narratives have been lived. Other feminist family therapists have provided suggestions as to how to incorporate an examination of social context. Rampage (1991) asserts that since cultural stories may hinder people from understanding their story apart from either the predominant culture, the therapist must first be an empathic listener before reinterpreting or helping the client to create new stories. Similarly, Kliman (1994) asserts those persons whose voices and stories have not been heard require a therapist familiar with their culture. One of our favorite examples comes from Williams (1991), who reminds us of the importance of addressing the clients' personal experiences of racism and other forms of essentializing. Williams talks about the internalization of her multicultural heritage, the struggle for identity that diverse heritage set up within her, and the courage and inner strength she developed to feel whole.

There are moments in my life when I feel as though a part of me is missing . . . I catch sight of my reflection in the store windows and am surprised to see a whole person looking back . . . I have to close my eyes at such times and remember myself, draw an internal picture that is smooth and whole. (Williams, 1991, p. 173)

These feminists influenced our conception of identity as existing within a socio-historical context and as being a fluid entity. Using these feminist ideas and the metaphor of parts, we help clients to deconstruct their identity by defining and exploring dominant stories

about their parts and to reconstruct new stories about themselves as whole. We have asked clients questions that have helped them to think about how their parts were developed and maintained in their dominant story (Table 1). These questions look at how familial and societal knowledges influenced the clients' personal and interpersonal identity development. We have found it important to discuss the simultaneous existence of many parts, and how each is interacting with the others and the world.

In working with clients in developing their sense of selves within their relationships and their communities we have found that bringing societal and familial influences to their consciousness demystifies such influences and makes them less powerful. It also helps to prevent clients' definition of their identities from being involuntary. Although we understand that self-definition occurs in the context of social relationships, we promote people making conscious choices about which social constructions they will internalize (Table 2). As always, we take care not to shame the client, because we are all influenced by social and familial ideas.

Gender

Gender is a central theme in feminist family therapy (Good et al., 1990; Goodrich et al., 1988; Hare-Mustin & Merecek, 1986; Roberts, 1991; Storm, 1991; and Wheeler et al., 1989). Gender is more than essentialized and dichotomized sex (e.g., anatomy)–gender includes social and cultural constructions about people based on their sex. Hare-Mustin (1986) writes about ''feel good feminism'' which discusses the differences of men and women created by the constructed reality of gender as a dichotomy. Good et al. (1990) talk about gender encompassing the psychological, social and cultural features frequently associated with sex. Several feminist family therapists contend that gender is a basic facet of identity that cannot be dichotomized, and that gender is inherently socially constructed (Ault-Rich, 1988; Hare-Mustin, 1986; Rice & Rice, 1977).

We have found that the renarration of parts provides an atmosphere in which clients can define gender for themselves. Deconstructing and reconstructing parts, and how clients choose to use them, allows people to investigate and re-invent who they are, including how they wish to express the many facets of their gender. The postmodern feminist position questions all gender associations, and the dichoto-

mization of gender as social constructions (Di Stephano, 1990). Although we think gender has been a social construction, the negative *effects* of the oppression and disrespect for what has been constructed as feminine have been very real and most cruelly felt by women. However, an inflexible dichotomized gender perspective limits everybody, especially those who seek to act in ways that mainstream society has determined belong to the ''opposite'' gender.

What this has meant within our work with people and their parts has been that we have learned to listen for and be curious about gender identity, and genderized ways of knowing and being in relationships. We have found it important to show respect for peoples' ideas of gender, and at the same time challenge their dichotomization of gender and genderized ways of knowing and behaving. For example, the first author often talks with clients about the courage required to be vulnerable or to show caring. Such courage, when found, can help clients to be able to access hidden parts and thus find access to different ways of knowing and different perspectives on a situation. Different parts can team up to help a person or a couple interact in different and more complex ways.

In couples work, each partner works to define her/his own gender and together they define their gender roles within their relationship. They can have conversations about how different parts feel or how they would like to use their own parts differently with each other. Each person might also ask to see more of a partner's parts and if agreed upon, negotiate what each would need to make that happen. For example, sometimes people develop new parts or expand old parts in order to develop their ability to be assertive, or their ability to trust their gut, or to be able to be vulnerable with their partner. Regardless of previously held gender beliefs about that ability, the person integrates their new experiences into their gender identity. Some clients talk about developing both masculine and feminine sides among their parts, hence adhering to what some might see as a more anti-realist perspective (Di Stephano, 1990). We do not use that language, but we respect that as a possible and workable metaphor.

Although each of us develops our own styles of knowing and behaving and integrates them into our gender identity, styles of knowing and behaving are not, in our view, inherent to either sex. This is not to say we think that androgyny is the goal. Instead, each person defines what it means for her or him to be female or male, understanding also

that a person's sex chromosomes and genitalia do not dictate their gender identity. We believe what is important for clients to increase their consciousness of the choice, and increase their comfort with different options. We also think it is important for people to take responsibility for how their choices about gender and their ideas about genderized ways of knowing and behaving affect both themselves and other people with whom they are in relationships.

Power

One of the most important issues in helping clients to renarrate their identity is to help them get in touch with their personal power. Another is to understand how contextual power has influenced their old narratives so that clients feel able to create new definitions of self.

Feminist theorists (Goodrich et al., 1988; MacKinnon, 1989) have talked about power as an important issue in relationships, families, and society, and as an important theme in therapy. Many feminists (Goodrich, 1991; Goodrich et al., 1988; MacKinnon, 1989) assert that the dichotomization of the public and the private spheres centralizes those persons who have access to resources outside of the private, and marginalizes or oppresses people with lesser access to public resources. These issues need to be explored in clients' lives. However, in therapy one cannot stop at merely saying the public and the private are social constructions or that a difference in social power exists between the public and the private. One way to deconstruct power is to examine the social construction of the public and the private realms and the effects of this construction on the allocation of power in a client's self-narration. We tease apart clients' connections and cutoffs from the many types of power in their lives throughout the development of their parts. We try to learn about the values placed on the different types of power within their culture, their relationships and their roles. The influence of traditionally allocated power on the Self, each part, and their interconnections can be historically traced and talked about in therapy.

Case Example B: Deconstructing Power in Relationships

Julie and Brad are taking turns investigating their parts as a way to get to know each other better and to develop a different perspective on

their interactive patterns. As each describes the construction and allocation of power in their lives, they are struck by their different experiences and perspectives of their own and the others' power. They also notice a pattern. Early in their relationship, Brad perceived the much younger Julie as needing his power to guide and protect her. As they grew older he felt less and less needed in those roles and not needed in other capacities either. Julie perceived Brad as more available emotionally early on in their relationship, with a progressive diminishing of availability. They both see Brad as a powerful businessperson and he feels out of control and lost outside of this role. Julie sees herself as a very loving and competent mother and businessperson. However, Julie feels powerless as a woman outside these two roles.

What messages did each of them hear about power? How did messages about power influence their parts' development? How did each of them and society influence their ideas about who they could be? How does the power that each of them feels influence which parts they chose to present to the other person in different situations? How does each of them, through all of their parts, use power in the relationship? How is the power distributed? Do they have similar or different ideals about power for their relationship?

One of the turning points in therapy, as described by Julie, was when she used her Assertive part to connect with Brad around requesting that in addition to the other parts he already used, he use his Nurturing part with her. Using this part was something they agreed he had never done. They discussed ways he could do this and he agreed to learn to use his Nurturing part to show kindness and respect to Julie. Brad also spent some time examining why he had, in the past, chosen to show this part only to mistresses. He came to realize that for him, using his Nurturing part with Julie felt much more vulnerable than using other parts. He had been afraid of feeling too connected with Julie.

In another session, Brad identified that it had been very helpful when he had asked Julie to show more of her sternness with their son. The couple talked about this and Julie decided that she could develop a way to set more limits with the three-year-old. Julie examined her many parts, their attributes, and their previous successes. She decided that using her Assertive part with her Nurturing and her Teaching parts would be most helpful to reach this goal. She maintained that this

addition would meet their parental need for consistency but not be incongruent with being a fun and playful parent. Thinking of discipline as a way to be consistent was more comfortable for Julie than the controlling discipline she had seen in the past.

SUMMARY

Our therapy helps clients to examine themselves and how issues like context, gender, and power have influenced who they have been and who they wish to be. This model provides a therapeutic experience for helping people to renarrate their identity, to develop new interactional patterns, and to get in touch with their abilities. One of our first clients provides a powerful and graceful example of human potential.

Using the Model: Karen's Stories

Karen is a 29-year-old white, lower middle class woman living in a rural community in the Midwest. She has been married for ten years and has two children under the age of five. Karen's husband has been using marijuana throughout their marriage, and recently promised to stop using in response to Karen's request for a divorce. Karen comes to therapy requesting to (1) find out who she is; (2) decide whether she wants a divorce; and (3) stop being so sad and angry. During the session, the therapist listens to Karen while she cries. Karen talks about her present unhappy marriage, not liking herself, feeling incompetent as a mother, and her guilt about not having the energy to help her sister with her eating disorder. The therapist explores the stories she brings with her and learns about her culture. In order to understand her context, a genogram is constructed as is a time-line of her life's important events–her stories begin. We talk about the many directions therapy can go and she decides that she would like to focus on who she is. Karen chooses to work with the metaphor of parts to learn about herself and who *she* wants to be.

The next several sessions are spent on Karen identifying her different parts. These sessions are very interactive between Karen and her therapist. Karen knows about herself and her life. She is the expert; the therapist is there to provide challenges, different perspectives, emotional and cognitive support. The therapist encourages her to talk

about how her parts have had roles in her life's stories. Karen names her own parts and tells their stories, things like: how did she evolve, whom is she connected to, what are her strengths and fears. Karen picks the order. As she talks about each of the parts, the therapist asks her how family, friends and the larger society have influenced it. Soon the therapist does not have to ask–she just thinks and talks as if she had always thought about herself in this way.

The therapist asks questions about familial and social influences on her stories, thus challenging her dominant narrative–making it more flexible, bringing limiting "truths" about her identity and options into question. She starts talking about which old stories she would like to keep and which stories she wants to discard. *She* also starts relabeling her parts with more positive connotations. Because she is a goal-minded person, *she* assigns short and long term goals for herself and discusses how she can use these different aspects of her identity to reach these goals. She begins to talk about her parts as an integrated team.

During therapy one of Karen's most feared parts is her "angry part." At first, the therapist is confused, because generally many parts can feel many emotions, and she is not sure how to help Karen to deconstruct an emotion without disempowering her. The therapist decides to be curious and ask: "how did this part get so angry?" "When does this part get angriest?" "Who does this part vent its anger upon?" After a few weeks thinking about these questions and noticing when she feels she is using this part, Karen decides it is her "Adult Woman part."[3] She explains that this part has been so consumed in anger at her husband that it almost lost its identity to the anger. Karen decides that she needs to work on her relationship with her husband, regardless of their future marital status. She continues to use the individual therapy to understand her needs and the way she uses her parts in her relationships with her husband, her children, and the other facets of her life.

As Karen continues to explore her parts, their functions, emotions, and their unique and collective contributions to her identity, she becomes less depressed. She also becomes much more vocal and powerful within her marriage and her extended family. She reports that for the first time she appreciates who she is and does not feel so much shame for not being who others always told her she should be. She says she has started encouraging her children to be many different people, that they get to decide who they are and who they will become.

[Total number of individual sessions was 13; 1.5 hours each, every other week and then monthly near the end, total therapy time was about 11 months.]

At the end of our work together, Karen and her children were still in the midst of creating a family. She had made the difficult decision to divorce her husband after he returned to drugs and emotionally abusing her. Karen was in a much different position within herself and within her relationships. She had not been depressed for nine months. She was happier with her family relationships, and she was still working on giving herself permission to feel and to utilize her anger. She was happier with her social relationships, and had more of them. She was happier with who she was and who she wanted to become. Karen's old stories no longer had power over her. She was a complex woman. She was many different people in every situation and each of them belonged to her—she felt no need to eclipse or deny any part of herself.

CONSIDERATIONS OF USING THIS MODEL AND CONCLUSION

There are several factors to consider when using this model. It is important that the therapist assess for clients' willingness and readiness to self-explore and self-examine. There are reasons why clients would not be ready; among these are that the therapeutic alliance has not been established, clients may not be ready to deal with acknowledging certain parts, or perhaps, the metaphor just does not work for them.

We have not found this therapy model to take any more or less time than any of the other systemic models from which we work. We suggest that when working with a family, it is important to allow each family member to name her/his own parts. We have found that the greater number of people who do this work together, the longer and more complex the process. In our work, we have found that couples who are coping with infidelity, betrayal, or distance in their relationship have found this model to be quite useful. By looking at the partner's parts, the couple is able to both externalize and to take responsibility for behaviors and problems, without additional shame, thus healing the bond and reestablishing the trust in their relationship.

By mutual, individual, and systemic exploration, the couple is able to redefine themselves and their relationship.

Very important to any model are its limitations. We believe that this model is *not* suitable for clients who are in crisis. Because of the metaphorical nature of the model, it does not attend to the immediate concerns of suicide, homicide, hospitalization, or sudden trauma. However, if the model has been introduced previously with clients, sometimes discussing which parts need to be activated to get through a particular crisis can be helpful. We also wish to offer a word of caution about renarrating parts with survivors of sexual abuse or other violence. Although this model has been used with people who have survived violence, we believe that it is extremely important to be careful not to shame or blame the survivor, or invalidate them in any way. As with all clients, we suggest that the therapist help the client to value all of who they are. All of our experiences shape us, but our experiences do not define us–we do.

NOTES

1. Although most theorists place IFS within a modernist frame, at least one reviewer has found echoes of White's Narrative within IFS theory (see Johnson, 1996).

2. As one reviewer of this article pointed out, White and Epston borrowed these ideas from Narrative Theory and thus they have been developed in the humanities in general and do not belong alone to the field of therapy. (Please see for example, Bruner, 1986.)

3. We wish to mention that Karen's ''Adult Woman part'' was not the only part to carry her gender identity.

REFERENCES

Ault-Riche, M. (1988). Teaching an integrated model of family therapy: Women as students, women as supervisors. *Journal of Psychotherapy and the Family*, *3*, 175-192.

Bruner, E. (1986). Ethnography as narrative. In V. Turner & E. Bruner (Eds.), *The anthropology of experience* (pp. 139-155). Urbana, IL: University of Chicago Press.

Di Stephano, C. (1990). Dilemmas of difference: Feminism, modernity, and postmodernism. In L. Nicholson (Ed.), *Feminism/Postmodernism.* New York: Routledge.

Good, G., Gilbert, L., & Scher, M. (1990). Gender aware therapy: A synthesis of feminist therapy and knowledge about gender. *Journal of Counseling and Development*, *68*, 376-380.

Goodrich, T. (1991). Women, power, and family therapy: What's wrong with this picture? In T. Goodrich (Ed.), *Women and power* (pp. 3-35). New York: W. W. Norton.

Goodrich, T., Rampage, C., Ellman, B., & Halstead, K. (1988). *Feminist family therapy: A casebook.* New York: W. W. Norton.

Goulding, R., & Schwartz, R. (1995). *The mosaic mind.* New York: W. W. Norton.

Hare-Mustin, R. (1986). The problem of gender in family therapy theory. *Family Process*, *26*, 15-27.

Hare-Mustin, R., & Merecek, J. (1986). Autonomy and gender: Some questions for therapists. *Psychotherapy*, *23*, 205-212.

Harris, A. (1991). Race and essentialism in feminist legal theory. In L. Alcoff & E. Potter (Eds.), *Feminist epistemologies* (pp. 235-262). New York: Routledge.

Johnson, S. (1996). [Review of the book *Internal family systems therapy*]. *Journal of Marital and Family Therapy*, *22*, 137-138.

Jordan, J., Surrey, J., & Kaplan, A. (1991). Women and empathy: Implications for psychological development and psychotherapy. In J. Jordan, A. Kaplan, J. Miller, I. Striver, & J. Surrey (Eds.). *Women's growth in connection: Writings from the Stone Center.* New York: The Guilford Press.

Kliman, J. (1994). The interweaving of gender, class, and race in family therapy. In M. Mirkin (Ed.), *Women in context: Toward a reconstruction of psychotherapy* (pp. 25-47). New York: The Guilford Press.

Lorde, A. (1984). Age, race, class, and sex: Women redefining difference. *Sister Outsider*, 114, 120.

MacKinnon, C. (1989). *Toward a feminist theory of the state.* Cambridge, MA: Harvard University Press.

Pilalis, J., & Anderton, J. (1986). Feminism and family therapy–a possible meeting point. *Journal of Family Therapy*, *8*, 99-114.

Rampage, C. (1991). Personal authority in women's self stories. In Goodrich (Ed.), *Women and power* (pp. 109-122). New York: W. W. Norton.

Rice, D. & Rice, J. (1977). Nonsexist ''marital'' therapy. *Journal of Marriage and Family Counseling*, *3*, 3-10.

Roberts, J. (1991). Sugar, spice, toads and mice: Gender issues in family therapy training. *Journal of Marital and Family Therapy*, *17*, 121-132.

Schwartz, R. (1987). Our multiple selves. *Family Therapy Networker*, *11*, 25-31, 80-83.

Schwartz, R. (1988). Know thy selves. *Family Therapy Networker*, *12*, 21-29.

Schwartz, R. (1992). The internal family systems metaframework. In D. Breunlin, R. Schwartz, B. Mac Kune-Karrer (Eds.), *Metaframeworks: Transcending the models of family therapy* (pp. 57-89). New York: Jossey-Bass.

Schwartz, R. (1994). *Internal family systems.* A workshop presented to the marriage and family therapy students and faculty of Purdue University. West Lafayette, IN.

Schwartz, R. (1995). *Internal family systems therapy.* New York: Guilford.

Schwartz, R. (1997). Don't look back. *Family Therapy Networker*, *21*, 40-47.

Storm, C. (1991). Placing gender in the heart of MFT masters programs: Teaching a gender sensitive systemic view. *Journal of Marital and Family Therapy*, *17*, 45-52.

Thorne, B., & Yalom, M. (Eds.). (1982). *Rethinking the family: Some feminist questions.* Whiteplains, NY: Longman.

Wheeler, D., Avis, J., Miller, L., & Chaney, S. (1989). Rethinking family therapy training and supervision: A feminist model. In M. McGoldrick, C. Anderson, & F. Walsh (Eds.), *Women and families: A framework for family therapy.* New York: W. W. Norton.

White, M., & Epston (1990). *Narrative means to therapeutic ends.* New York: W. W. Norton.

Williams, P. (1991). On being the object of property. In L. Alcoff & E. Potter (Eds.), *Feminist epistemologies* (pp. 235-262). New York: Routledge.